PERCEPTION SHIFT: ENVISIONING PASTORS AND MENTAL HEALTH PROFESSIONALS AS PARTNERS IN CARE TO URBAN UNDERRESOURCED AFRICAN AMERICAN COMMUNITIES

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BY
CARTER GUY ROBINSON
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CONTENTS

ABSTRACT

There is need for strategic partnership between mental health professionals and pastors serving in urban, under-resourced African American communities. Presently, urban faith leaders and institutions, especially the predominantly or entirely African American church, continue to serve as the spiritual and emotional caregiver to this community, a role the church has occupied from its inception in antebellum America and maintained through the various expressions of institutional, cultural and interpersonal racism that contribute to African American familial trauma. The inclusion of such resources into urban culture will require a change of thinking from the present perception of pastoral and psychotherapeutic professionals as disassociated and disparate to a new vision of partnership in community care.

CHAPTER 1

THE PERCEPTION PROBLEM

There are three types of helping professionals typically called upon in times of crisis by the urban African American community. Medical professionals are called upon when physical health is threatened. Law enforcement professionals are called upon when personal or public safety is threatened. And the faith leader is called upon to address basically all issues of spiritual or emotional trauma. Absent from this culturally instinctive "call list" is the mental health professional. Unless counseling is mandated in legal proceedings or referred by legal or medical counsel, the urban African American community and the mental health professional seldom meet. In lieu of formally licensed mental health practitioners, the church and pastor serve as the leading social services and mental health providers within the local community and culture (Blank, Mahmood & Guterbock, 2002). But it is important to note that the hegemony of urban African American churches and pastors in mental health affairs is the result of neither coercion nor federal, state or municipal licensure. The power of the church within these communities has been and continues to be endowed by the people, the very people who marginalize mental health professionals as outsiders and call upon the church in times of crisis. As we shall later examine in detail, the reasons for this cultural praxis have historical, political and socio-economic precursors. Yet, there is an increasingly dire need for a change of perspective and a paradigm shift that establishes partnership between the ecclesiastical and mental health professions. Recent studies report that persons in the African American demographic are twenty percent more likely than the general population to experience serious mental health problems, including major depression, attention deficit hyperactivity disorder and posttraumatic stress disorder (NAMI, 2016). The etiology of this diathesis is not entirely biological but also cultural. And herein lies an opportunity

for positive change. As a longstanding center of urban African American culture, the church yet has another opportunity to enrich its considerable history of service as an agent of healthy transformation. But healthy transformation will require both the urban religious and mental health institutions to lead the change they want to see in urban communities by working together. The greatest potential to transform the perception of mental health professionals from community outsiders to community insiders lies in partnership. But such a partnership will also change existing perceptions of the pastor and church from the combined roles of first responder, general practitioner and specialist to that of first responder, general practitioner and agent of referral for specialized care in mental health concerns.

1.01 The Hurricane Katrina Example

A poignant example of the need for partnership can be seen in the aftermath of Hurricane Katrina in August of 2005, which disproportionately affected minority populations along the Gulf Coast (Levitt & Whitaker, 2009). African American survivors of this natural disaster instinctively turned to the church once again to address their social, psychological and spiritual needs. But it was in this critical context that most pastors realized that they were in need of assistance and additional training (Aten, Topping, Denning, Ryan & Bayne, 2010). Specifically, they realized their difficulty in distinguishing between faith issues and mental health concerns. And at the same time, viewed as outsiders, mental health professionals who sought to be of assistance were challenged as well with receptivity issues (Aten, Topping, Denning, Ryan & Bayne, 2010). Unfortunately, such perceptions of the mental health professions as disconnected entities may not be entirely unfounded. After all, mental health professionals come from a discipline that, in terms of its formal training, has by the admission of some of its own practitioners, largely neglected the

powerful role that spiritual beliefs and practices play in the lives of many families (Goldenberg & Goldenberg, 2008). Yet, in times of crises, Biblical passages like Job 1:21, II Chronicles 7:14, Habakkuk 2:4 and Hebrews 10:38 encourage people of faith to see their lives, including the troubles of life, in light of their faith. Considering the mutual recognition of their limitations, partnership between pastors and mental health practitioners was found to be the best way to help those traumatized by what proved to be the costliest and third most deadly hurricane in American history (Aten, Topping et al., 2010).

Hurricane Katrina is one example of how disasters confirm the need for pastoral and licensed therapeutic alliances. But natural disasters like Katrina are random, indiscriminate and relatively rare, and thereby insufficient in explaining the ongoing need for professional collaboration between clergy and therapists. In other words, notwithstanding the significant harm incurred, random natural disasters do not adequately address the conditions that disproportionately create vulnerabilities to certain types of mental illness for African Americans. As uncomfortable as it may be, panoramic consideration of American history compels us to consider that the most consistent experiences that negatively impact the mental health of African Americans are not meteorological, geological or biological, but are socially constructed. The social construct by which African Americans have been traumatized and predisposed to certain pathologies is racism. In this context, racism refers to an intentionally established system of oppression based upon race for the social and economic benefit of the dominant group (Johnson, 2006). Racism is distinguished from prejudice in that prejudice is not necessarily systemic. As Jim Wallis (2016) has observed, prejudice can be a personal issue in which an individual makes unfavorable and uninformed judgements about another based upon racial identity. But racism is prejudice plus power (Wallis, 2016). By “power” is meant socio-economic power, legislative power, law-

enforcement and military power, all of which have been constructed in a way that privileges one racial group while restricting others (Wallis, 2016). Thus it is a contention of this work that the dire need for collaboration between the Church and mental health professionals is due to four issues that predispose the African American community to mental health issues:

- Socioeconomic Concerns: African Americans are vulnerable to mental health issues because of poverty.
- Racial Trauma: African Americans are still wounded by the historical and present-day realities of racism.
- Societal Impact: The structure of African American families is affected by issues within the larger societal structure.
- Existential Concerns: The pressure of living in two worlds is the normative experience for African Americans, especially those who would succeed or excel in educational and employment endeavors.

For the remainder of this chapter, we shall address these concerns and the need for church and mental health collaboration.

1.02 America's Original Sin

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The thread of racism is woven our American experience. Upon consideration of the exploitation and ne ous peoples (Native Americans), to the legalized and industrialized practice dent American slavery, to legalized segregation (Jim Crow laws), to pres ncidents of post-Civil Rights Act prejudice, activist Jim Wallis (2016), u gy to describe a societal problem, identifies racism as "America's origi ch we are still in the process of

repentance, in as much as repentance is a complete turning away from something in favor of a better state of being and behavior. Unlike Americans of European descent, who trace their arrival in America to sea-braving settlers in search of a better life, Africans arrived forcibly separated from their families, dehumanized and enslaved. In other words, the African American family was traumatized from the beginning of American history. Moreover, the legalization of slavery and racial segregation positioned European American politicians and businessmen to acquire, maintain or increase wealth with cheap labor costs, while denying African Americans comparable, if any salaries, land or citizenry, thereby establishing and perpetuating a legacy of poverty and wealth disparity for centuries (Johnson, 2006). To acknowledge and adequately address this reality is to increase the possibility of completing the process of repentance unto recovery, not just for the mental health of African Americans, but for all Americans. After all, if Wallis' (2016) thesis holds true, and racism is America's original sin, does not repentance benefit the transgressor? And albeit a different manifestation of mental health troubles, is not the oppressor who intentionally and strategically inflicted the trauma at least equally as troubled as the survivor of the traumatic experience? Given the long-standing history of America's racially motivated trauma, and the phenomena of conscious and unconscious enculturation that inform successive generations of thoughts and behaviors to be considered normative, it can be argued that a certain degree of vigilance is necessary to operate like human blood cells that withstand variable, yet ever-present risks of infection. Even those of us who had nothing to do with the injustices of slavery and segregation are heirs of the continuing diatheses of this malignant social genealogy, and thereby have a responsibility to contribute to the ongoing improvement and maintenance process for the betterment of American society (Wallis, 2016).

Psychodynamic psychology would remind us that past experiences profoundly affect present and future realities and possibilities. As difficult as the issue of racism may be to face or address, we cannot adequately improve societal conditions, especially for the African American family, if we allow ourselves to become victims of what Judith Herman (1997) calls "a forgotten history." For 246 years of slavery and 74 years of oppression via segregation (a total of 320 years), legal systems were in place and enforced in America that predisposed African Americans to the pathologies of the underprivileged (Wallis, 2016). And though the laws have been changed, the ripple effects of this long-standing and relatively recent traumatic experience continue within the American psyche, not just for the historically oppressed group, but also for the historically oppressive group. As is typically the case in traumatic experiences, the historically oppressed person or party tends to be obsessed with what happened, while the historically oppressive person or party tends to be avoidant of what happened (Herman, 1997). Similarly, reflecting on the post-traumatic stress of Nazi concentration camp survivors, survivor and psychiatrist Leo Eitinger (1960) describes war and its victims as things the community at large wants to forget. This conscious or unconscious desire for the convenience of oblivion can present itself in the language of progress (moving on, facing forward), but actually avoids confronting significant post-trauma issues that must be resolved in order for the progress professed to be desired to truly occur. One unavoidable reality of trauma is the fact that the victims, who may want to forget, cannot forget the traumatic experiences by which their lives were so profoundly altered or contextualized. These polarized positions concerning traumatic experiences, obsession and avoidance, perpetuate varying degrees of societal unrest that will continue until the process of reasonable confrontation, transformation and reconciliation is complete. The same Hegelian tension of the avoidance-obsession dialectic that exists in post-war communities is also applicable to Post-Emancipation

Proclamation and Post-Civil Rights Act America. Recent reports from the Institute for Policy Studies (Assante-Muhammed & Collins, 2016) and the Corporation for Economic Development (Assante-Muhammed, 2016) conclude that not only does America have a significant racially influenced wealth disparity issue, but based on current socio-economic realities, policies and practices, the average African American family would need 228 more years to build the wealth of a white familial counterpart. By these findings, we are compelled to confront the truth that we are still addressing and correcting our past mistakes, even as we desire to move forward. Paradoxically, the same American culture that encourages us to "never forget" the tragedy of heinous terrorist attacks against our nation on September 11, 2001 (Fink & Mathias, 2003) also encourages us to "get over" the heinous acts of slavery and segregation that officially terrorized our nation until just a few decades ago (Johnson, 2006). Therein, as a nation, we seem to be more comfortable addressing trauma inflicted upon us our external adversaries than the trauma of our internal, systemic dysfunctions and self-inflicted wounds.

National introspection would reveal that the realities of real and perceived racism, whose ripple effects still impact the historically oppressed and the oppressor, do not have to go back as far as Dred Scott (Scott v. Sanford, 1857), the racially motivated murders of Emmett Till in 1955 (Tyson, 2017), James Chaney, Andrew Goodman and Michael Schwerner in 1964 (Cagin & Dray, 2006), or even the video-taped police beating of Rodney King in 1991 (Mydans, 1993). Addressing a Baptist Conference in Atlanta in 2016, former United States President Jimmy Carter admonished the post-modern faith community to combat "a resurgence of racism" (Foody, 2016). Indeed, suspicions of racism and the abuse of power were recently present in the post-modern, new millennial era deaths and subsequent trials of 17 year old Trayvon Martin in Florida in 2012 (Barry, Kovalevsky, Robertson & Alvarez, 2012), 12 year old Tamir Rice in Ohio in 2014 (Flynn, 2016),

Michael Brown in Missouri in 2014 (Healy, 2014) and others. Moreover, the advent of personal smart phone cameras and social media has captured controversial interactions between African Americans and law enforcement officers on film. Confrontations now commonly filmed by the public have reinvigorated conversations and public demonstrations about race, class and power, and has in doing so, intensified the urgency for collaboration between professional agencies, specifically the psychological and pastoral professions. Portions of the arrests of Walter Scott in North Charleston, South Carolina on April 4, 2015 (Robles & Blinder, 2015), Freddie Gray in Baltimore, Maryland on April 12, 2015 (Marbella, 2015), Sandra Bland in Hempstead, Texas on July 13, 2015 (Lai, Park, Buchanan & Andrews, 2015), Eric Garner in Staten Island, New York on July 17, 2014 (Calabresi, 2014), Alton Sterling in Baton Rouge, Louisiana on July 5, 2016 and Philando Castile in Falcon Heights, Minnesota on July 6, 2016 (Hayden & Caplan, 2016) were all captured on film and repeatedly broadcast by personal social media accounts and local and national news agencies. The usefulness in recalling these events is not to retry the cases, but to wrestle with questions that are relevant to our context: What is the immediate or possibly longitudinal psychological impact of seeing these images? What do they (or could they) possibly suggest to the urban African American community? Are these incidents and images mostly reflective of law and order issues or civil rights and social justice concerns? The answers to such questions significantly affect the difficulties and development potential of the African American family, and the possibility of mental health issues.

1.03 Racial trauma. Clinical psychologis 2016) contends that recent images of controversial police confrontations s and the disproportionate use of lethal force render those who directly or more susceptible to racial trauma. Racial trauma is a term presently being ribe how direct or indirect

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exposure to institutional racism and acts of discrimination negatively affect the physical and mental health of people of color (Comas-Diaz, 2016). Racial trauma is essentially, race-related traumatic stress, similar to post-traumatic stress, but distinguished by targeting victims solely based upon race and by its reoccurring incidents (Comas-Diaz, 2016). The institutionalized nature of racism results in a legacy through which persons of color can repeatedly experience race-based incidents. Turner (2016) describes the following as symptomatic of racial trauma:

- Increased vigilance and suspicion: In as much as racism is by definition, institutionalized oppression, suspicion of all social institutions is understood to be a common symptom of those living with racial trauma.
- Increased Sensitivity to Threat: Persons living with racial trauma can become very sensitive to words and deeds that convey hostile, derogatory or invalidating messages. Such acts are referred to as microaggressions.
- Psychological and Physiological Issues: The unresolved trauma of racism can result in increased psychosomatic concerns, including chronic stress, limbic system dominance (affecting emotions and behaviors) and socio-familial attachment complications.
- Increased Alcohol and Drug Use: Unresolved trauma heightens vulnerability to the use of addictive substances as a means of escape from emotional issues.
- Increased Aggression: Presenting a tough, hardened exterior is a coping strategy and defense mechanism to control one's environment and discourage attacks.
- Narrowing Sense of Time: Living under constant real or perceived duress does not easily afford persons to develop a sense of future or long-term goals. The reality of death is imminent, life is here-and now, and survival-mode existence is normative.

As we shall later address in detail, descriptions of experiences similar to those that are symptomatic of racial trauma are found in the works of Structural Family Therapy innovator Salvador Minuchin (1967) and educator Ruby K. Payne (2005). Minuchin (1967) describes similar symptoms as part of an innately pathological "culture of poverty." Payne (2005) describes similar characteristics as part of a value system that is essential to surviving in impoverished conditions. Therein lies the paradox. The evidence of racial trauma, which is to say the attitudes and behaviors that reflect the ethos of the underprivileged is both symptom and survival tactic, alarming and yet perhaps, admirably adaptive, expressing the pain of a people, yet also exposing a profound systemic problem in need of repair and a people's resiliency.

Given the arguments made by Comas-Diaz (2016) and Turner (2016) regarding the phenomenon of racial trauma and the institutional mistrust that exists as a symptom of such, it can be argued that the mental health profession has to earn the trust of the African American community. It can be argued that American legal, law enforcement and medical institutions had to do the same (and some might say that they are still doing so, thus the ongoing work of social justice). Perhaps the only reason the other institutions presently have greater access to the African American community in crises, is because the more external and tangible experiences of crime, violence and physical trauma compelled a head start in establishing the communication, confrontation of relevant issues and solutions deemed requisite for effective collaboration. In contrast, the realm of more internal if not intangible concerns of the mental health professions may at least partially explain the lag behind other institutions in earning an equivalent amount of trust within the African American community to date. Nonetheless, it is the contention of this work that there is an urgent need to strengthen that trust. The challenge is that survivors of trauma are often paradoxically mistrustful even as they are in need of trustworthy relationship. Therefore,

counselors must in a sense earn trust via the provision of a safe and professional environment. The ability to do so is essential to the healing process (Center for Substance Abuse Treatment, 2000).

In order to facilitate an atmosphere of trust with the African American community, it is imperative that mental health professionals be conscious of the transference and countertransference issues that can impede the goal. By transference is meant the feelings and issues from the past that a client (which in this case is the African American community at large) may project onto the counselor (which is the mental health professions at large). In contrast, by countertransference is meant the reactions and responses to the client experienced by counselors based upon their own background and personal issues (Center for Substance Abuse Treatment, 2000). In context, it is important to note that the mental health field, complete with the seminal theories upon which they are established is still very much a Western European dominated discipline (NAMI, 2016). As such, it can be argued that racially influenced issues and ideologies can be consciously or unconsciously present in any given interaction between the African American community and mental health practitioners. In other words, we could say that issues of real or perceived racism are not only possible, but can deter healthy relationships between both parties. Moreover, we would contend that a therapist's ignorance or insensitivity to America's racist history can increase the possibility of being perceived as racist behavior by those who struggle with the symptomology of racial trauma. Concomitantly, because racism is a two party phenomenon of the oppressive and the oppressed, it is possible for the latter party, which has little to no social compulsion to learn the authentic history of the oppressed, to be either unintentionally offensive or offended by the offense taken by the member of the historically oppressed group. Such is the essence of transference and countertransference.

Any professional field in which the dominant culture is overrepresented and the minority culture is underrepresented there is the risk of cultural racism (Pieterse & Powell, 2016). A major contention of this work is that mental health professions are susceptible to the same risk. By cultural racism is meant the conscious or unconscious regard of European American cultural practices as normative and the corollary undervaluing, disapproval and negative labeling of beliefs and practices that stem from non-Caucasian/European American heritage (Jones, 1996; Pieterse & Powell, 2017). In light of such risk, it is part of the contention of this work that a healthy relationship between the African American community and the mental health professions at large cannot be established and sustained without the mental health profession's thorough awareness of America's racist history and its continuing impact upon the collective African American psyche; for therein lies the etiology of trauma symptomology and misinformed cultural assumptions that may yet impact and impede the growth and efficacy of both minority client and therapist alike. This could result in racially traumatized populations not getting the treatment they need.

1.04 The African American church. It can be said that one of the most powerful examples of African American ingenuity and resilience amid the pathology of racial trauma is the African American Church, an institution that has earned the trust of that community via empathy and advocacy. Literally forged in the crucible of slavery, evangelized slaves, after appeasing the slavery-affirming services and sermons arranged by slaveholders, held secret services called "hush harbors" in woods, ravines or other secluded places (Rabateau, 1978). There the sermons of slave preachers and the singing of spirituals would help them to identify with Israel in Egyptian or Babylonian captivity (Rabateau, 1978). The African Methodist Episcopal Church and the National Baptist Convention are among numerous historically African American church organizations that trace their origins back to issues of slavery and racial disparities surrounding Civil War and

Reconstruction-era America, during which churches and denominations literally took different sides in the conflict (Agnell, Cross, Elliott, Ferri & LaCruise, 2003; Dickerson, 2014). Unfortunately, the effects of this racially-motivated fracturing of American churches continued through the twentieth century, and notwithstanding improvements, are still present in our post-modern experience. On a positive note, in the name of empowering a historically oppressed people, the historically African American Church has served as a means to produce preachers, teachers, civil rights leaders and educational institutions (Lomax, 2010). But it is precisely this history of service at the vanguard of civil rights and social justice issues that has made the historically African American Church a target for racially-motivated hate crimes, from the burning down of Emmanuel AME Church in Charleston, South Carolina in 1822 by angry slavery sympathizers (Kaplan, 2015), to the 1963 bombing of 16th Street Baptist Church in Birmingham, Alabama by segregationists (National Public Radio, 2003), to the killing of senior pastor Reverend Clementa Pinckney and eight persons attending Bible study, again at Emmanuel A.M.E. Church in Charleston, South Carolina by 21 year-old white supremacist gunman Dylan Roof in 2015 (Kaplan, 2015). From its very inception, the historically African American Church has assumed the responsibility of encouraging, empowering and advocating for African American families directly or indirectly traumatized by institutional racism and the impoverished conditions racism creates, facilitates and perpetuates. And for the most part, it has done so, to this point, without the help of the predominantly European American community of mental health professionals.

Notwithstanding the success of the historically African American Church in producing colleges, universities, theologians, teachers, activists, athletes, artisans and public servants, it has not produced many mental health professionals. Only 3.7% of the American Psychiatric Association and 1.5% of the American Psychological Association are African American (NAMI,

2016). While this underrepresentation certainly challenges the African American community to consider strategies for increasing its ranks within the mental health professions, for now, current statistics suggest a great opportunity for interracial or multi-ethnic partnerships between African American pastors and mental health professionals for the betterment of not only African American communities, but also for the continued improvement of race relations in a nation whose origin and greater part of its history has been traumatized by racism. As uncomfortable as it can be to discuss, the truth remains that the mental health challenges of the African American family cannot be adequately addressed without addressing the historically racist policies and ethos of prejudice that predisposed African American families to the pathologies of impoverishment. And the pathologies of impoverishment, racial trauma and their impact upon the African American family cannot be adequately addressed without quality mental health care. And quality mental health care cannot be ascertained without funding for adequate health care benefits and services. The causes are inextricably joined, thus the battle must be engaged on multiple fronts and calls for every soldier willing to fight. Mental health professionals in general, and family therapists in particular are essentially the much needed reinforcement troops for a battle-weary predominantly African American Church that is yet fighting to defend its families from the traumatic onslaught of real and perceived racism.

1.05 A Structural Family Therapy perspective. Structural Family Therapy pioneer Salvador Minuchin admittedly found it difficult to work with underprivileged families in general and African American families in particular without being or becoming aware of broader issues of social justice and advocacy. The following excerpt from *Family Healing* (1998) contains evidence of Minuchin's awareness of some significant societal issues that contextualized some of the familial issues receiving clinical treatment:

> We were highly critical of the prejudicial way the judicial and welfare systems responded to the families of our children, alienating and disempowering family members. But in our excitement of our new discoveries about the family, we didn't explore the possibilities of challenging the larger social systems (p.70).

The decision of the founders of structural family therapy to focus on familial intervention is clear. And yet, the same sensitivity to circular causation and *systems within syste*ms upon which their work was founded also rendered them conscious of the larger municipal and socio-political institutions in which their families were contextualized, systems whose operational assumptions and presumptions contributed to the increased possibility of sustaining the troubling familial issues that were in need of transformation. The decision not to explore challenging the larger social system is tantamount to acknowledging the existence of such. Minuchin essentially admits to choosing to focus on settling a specific portion of the structural therapy frontier, which left tributary regions (of which he was at least marginally conscious) to possibly be explored by those who would follow the trail he and his colleagues would blaze. Perhaps this point is best made within Minuchin's own family legacy, through which his son Daniel became a psychologist, family therapist, and activist in issues of social justice (Minuchin, 1993).

The emphasis on systemic healing makes the basic tenets of Structural Family Therapy and structural family therapists ideal partners for African American clergy and the role of the historically African American Church in ministering to the holistic needs of its parishioners. In his book *Family Healing* (1993), Minuchin describes his work as a natural result of his personal familial context as part of a minority Jewish enclave in Argentina. His self-described experience of growing up "divided, internalizing the prejudices of the majority and fighting the unfairness of

prejudices" (p. 26) both within and without inspired his "adolescent dream" (p. 26) of working with troubled minority youths. Additionally, growing up in a family that "within a rigidly hierarchical society, supported each other by carrying out clearly defined roles and functions" (p. 35) seems to have provided Minuchin with heightened sensitivity to negative and positive systemic influences upon individual behavior

In his foundational and innovative book, *Families of the Slums* (1967), Minuchin describes a portion of his groundbreaking experience at the Wiltwyck School for Boys in New York this way:

> We began to be interested in the families of the delinquent children at the Wiltwyck School because we were confronted repeatedly with situations which yielded perplexities unanalyzable by the usual individualized approaches…Programs depending on extrafamilial agencies often were not working well, and we believed part of the reason for their failure could be found in the exploration of the culture of the family (p. 5).[1]

As expressed by Minuchin and colleagues, it was the apparent ineffectiveness of individual therapies and intervention programs that emphasized community centers, neighborhoods and schools that inspired the idea of inviting nuclear family members of the troubled youths for observation of their interpersonal behaviors. From their innovative intervention experiments, Minuchin and colleagues developed a blueprint for family therapy based upon the concepts of structure, subsystems and boundaries.

[1] The original text uses the word *Negro*, a politically and culturally acceptable term of its time (Minuchin, 1967). For the purpose of academic integrity, the original text has been cited verbatim.

Structure means the way a family is arranged into interactive subgroups (Nichols, 2013). A family's structure evolves as roles and responsibilities within the family are assumed and assigned. Through the phenomena of repetition and the passing of time, the execution of specific expectations form enduring patterns. Those specific patterns limit the performer to a fraction of available alternatives and become the rules of the family: *This person (or subgroup) pays the bills. This person (or subgroup) washes the dishes. This person takes out the trash*. *This person is the nurturer. This person is the disciplinarian.* Of course, theoretically, it may be possible for another group besides the assigned group to wash the dishes or perform some other task. But the structure limits the possibilities of each family member with task specificity. Structural inadequacies present themselves as crises. But mistaking the symptom for the disease, so to speak, families tend to mislabel what are really structural issues as problems with a specific family member. One of the goals of the family therapist is to challenge learned structural assumptions and presumed certainties with functional alternatives, including the exploration of the multiple identities and alternate role possibilities of each individual (Minuchin, Reiter & Borda, 2014). Similarly, one might think of the crises of racial trauma and the disproportionate impact of poverty upon African American communities as symptomatic of a structural issue within the larger societal context of the American family. In other words, one who may be prone to think of underprivileged African Americans as the problem may want to consider a perception shift that envisions this demographic as the symptom bearers of a systemic problem.

Subsystems are the smaller groups within the larger nuclear family unit (Nichols, 2013). Subsystems are based upon generation, gender and function (Nichols, 2013). Let's consider, for example, a family of four, two parents, one son and a daughter. The parental couple in this family is a generational subsystem. The children in the family are another generational subsystem. But

this same family may also be subdivided by gender: father and son and mother and daughter. The ways in which these groups interact affect the family at large. Yet, as structural family therapists point out, families are generally unable to recognize the truths and complexities of subsystem interaction. It is the task of the therapist to strategically deconstruct the existing complexities and construct more productive patterns of interaction. Strategic success may require the therapist to meet separately for a while with the familial subsystems. And when meeting together, Minuchin, Reiter and Borda (2014) contend that it may be necessary to take sides with different subsystems at different times in the name of ultimately achieving the desired balance:

> New therapists often find it difficult to take sides, even briefly…They are not comfortable with the idea that differential stress is an important tool for change, or that balance will come over a longer period (pp. 39-40).

In the context of this writing, it may be helpful to think of African Americans and other racial or ethnic groups as subsystems of the American family, subsystems in constant need of positive patterns of interaction for the well-being of the entire family. Given the aforementioned avoidance-obsession dialectic between racial subsystems, it may be necessary to hear all sides of the post-modern American experience and take sides as needed to reach a healthy synthesis. We will explore this possibility further in the chapters to come.

Boundaries are the invisible barriers that regulate interpersonal contact and subsystem interaction within a family (Nichols, 2013). These invisible relational boundaries can be thought of as rigid, clear or diffuse. An example of a rigid boundary would be a physically present but emotionally absent father. His emotional distance prohibits interpersonal communication. Such restrictiveness can create independence, but can also lead to isolation. In contrast, diffuse

boundaries can lead to familial enmeshment. Perhaps an example of a diffuse boundary would be an adult son or daughter whose emotional ties to a parent makes it difficult for that adult child to individuate and leave the family home. Given the extremes of rigid and diffuse familial boundaries, the ideal state would be to have clear boundaries. In a family with clear boundaries, there is mutual awareness and respect for subsystem distinctions. In comparison, one might think of the American family as a whole, and the African American subsystem in particular as much improved, but yet to fully recover from the traumatically rigid boundaries of racism and segregation.

The blueprint for families developed by Minuchin and colleagues leads to a powerful point. All families have some type of structure. The question is not whether or not they do have one. The questions are: What kind of structure do they have? How clear are the boundaries? How do the subsystems interact? What interactions within the structure need to be modified? What unproductive assumptions need to be challenged so that the system can be more functional?

The work of educator Ruby K. Payne (2005) serves to caution us how easy and costly it is to operate with erroneous assumptions. In *A Framework for Understanding Poverty*, Payne (2005) describes what she learned from the challenges of her early years as an educator trying to teach socio-economically disadvantaged students in the school to which she was assigned. She learned that her pedagogical difficulties were the result of an unconscious, yet seriously erroneous assumption. Payne incorrectly assumed that her students shared the aspirations and corresponding values of her middle class upbringing. The negative feedback she received pushed her to gain understanding: I took on the methodology of the anthropologist. I went native and then relied on research to explain these experiences (p 4). In summary, what Payne concluded from "going native" was that most schools and businesses operate with middle to upper class norms and values. But those norms and values are neither infallible nor universal. For example, completing high

school and going to college in order to get a good job one day is a middle class value. But to the poor, in particular, the poor African American with racial trauma issues, the prospects of college and gainful employment are a long way off, given that one of the symptoms of racial trauma is a narrowing sense of time (Turner 2016). To those who are in daily survival mode, the presumptively positive possibilities of "one day" are consumed by critical realities of today. Payne (2005) found that her motivational system was based on assumptions her impoverished students did not share. Therefore, it was necessary to first back up and instill hope for a future for which planning and academic preparation would be helpful. In as much as hope is a specialty area of the Church, Payne's research reminds us once again of the vital role the African American Church can continue to assume in partnership with other professionals who desire to serve a demographic in much need of their help.

The aforementioned is raised to inform or remind the mental health professional that the assumption that certain values are (or should be) universal is the privilege of the dominant group (Wallis, 2016). Every socio-economic class has hidden and generally unspoken but assumed rules. Consequently, every individual is, to some degree, a product of the hidden rules of the class in which he or she was raised. These provisional class rules are not arbitrary; they are codes of conduct considered essential to survival in their respective contexts. Thereby, some middle class values could be considered insignificant or even life threatening in impoverished contexts. In as much as some mores and norms are acquired means of survival, they are to be respected, even as the desired goal of upward social mobility necessitates that the former values be at least augmented if not entirely replaced. Again, we reference the pedagogical transformation of Payne (2005):

> For our students to be successful, we must understand their hidden rules and teach them the rules that will make them successful at school and work. Code switching is a term often used

to describe this (p 6).

The experience of Ruby Payne (2005) reiterates the point that what has been described as characteristic of underprivileged families in general, and African American families in particular is not the absence of structure. There is an existing structure to be understood. Again, the issue is not one of structural absence, but of structural inadequacy within a larger society that operates by different values. Within this larger societal construct, the de facto structure of the minority, acquired as a survival skill in response to the historically and traumatically racist dominant structure that banished the oppressed to that environment, tends to reproduce the de facto structure, thereby reinforcing that which is inadequate as normative and perpetuating the generational cycle and culture of poverty. Therefore, it would seem that healthy intervention would be best facilitated by a partnership between clergy and counselors who have an appropriate measure of respect for the environmental adaptability and resilience of the human spirit as exhibited by those who are the immediate or less-immediate descendants of the American subculture of poverty and inheritors of racial trauma, which for African Americans, is the direct consequence of centuries of institutionalized racism.

The necessary praxis of code switching to which Payne (2005) refers is a reflection of the existential condition of African Americans that W.E.B. DuBois (1989) identified as double consciousness. In *The Souls of Black Folk*, DuBois described the double consciousness of the African American this way:

> One ever feels his twoness, an American, a Negro; two souls, two thoughts, unreconciled strivings; two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder. The history of the American Negro is the history of this

strife (p.5).

Albeit an innately stressful state of existence, for DuBois, this double-consciousness is not optional; it is an inherited existential state to be managed by the African American. As Payne (2005) suggests, success within the dominant American culture requires one set of values, but survival within the culture of poverty one may call home requires another set of values. To intersect Payne's conclusions with DuBois' is to suggest that holistic success may require the socially aspiring African American to stand in the chasm between both worlds and shift (or switch) his weight from side to side as social context warrants. And even those African Americans who crossover to middle class security or even wealth, adopting the values thereof, may yet have memories, relatives and friends on the impoverished side of the chasm. As the relatively *nouveau riche*, the ability to inspire, give-back or reach back for them is reflective of their ability to relate to them experientially, even while encouraging them to embrace the aspirations and values of a more socio-economically advantageous experience. To live with or in double consciousness is essentially to live with the constant awareness of these two vastly different structural realities.

There is evidence that many of the same structural problems characterize different impoverished groups living in urban areas everywhere; that is, it seems a number of variables transcend geographical boundaries and present themselves in virtually all cultures of poverty. For example, Minuchin (1967) found the following characteristics among Arabic and Yemenite Jews in Israel and impoverished minority families in New York:

- One-parent, matriarchal families with a succession of unstable father-figures
- Parental relinquishing of executive functions, either by physical/emotional abandonment or by delegation to a sibling to operate as a parental-child

- Interpersonal issues in the husband-wife subsystem of two-parent families: Often raised in poverty, unresolved interpersonal issues relegate their most effective interaction to their roles as parents, as opposed to spouses
- Communication breakdown between parents and children: From the parent's literal or virtual abandonment of executive function, the children have little to no consistent experience engaging adult authority figures (pp.218-236)

Concomitant to the familial subsystem issues ubiquitously experienced by those living in underprivileged socio-economic conditions were some challenges that seemed to disproportionately affect certain racial demographics. What Minuchin (1967) described as the significant features of African American families living in poverty were:

- The Nonexistent Grandmother: A grandmother who, due to maturation challenges, relational or socio-economic issues experienced by her daughter, assumes maternal responsibilities for her grandchild, raising the grandchild as one of her own children
- The Peripheral Male: A biological parent to one or more of the children or the mother's lover whose physical/emotional presence is sporadic and distanced from the children as rearing duties are basically left to the mother
- The Parental Child: The usually older child who either feels obligated or is directly charged to assume paternal roles in rearing, typically due to an emotionally/socio-economically overwhelmed maternal figure (pp.218-236)

In summary, the African American family at large is still battling and recovering from racial trauma. And notwithstanding the efforts and successes of African American pastors and churches to facilitate healing, the complexity of issues that predispose African Americans to certain mental

health issues is too much for pastors to sufficiently address alone. In addition to the continuing legacy of liberation theology, social justice advocacy and building of faith communities provided by the Church, there is also a need to address the continuing symptomology of racial trauma, the wounds of which are deep and subject to irritation by America's now illegal, less acceptable and less overt, yet persistent struggles with racism and the pathologies of poverty to which racism strategically confines its target group. Treating such wounds to the psyche are beyond the boundaries of pastoral care and are best served by professional therapists, ideally, those who are willing to work in tandem with the Church. In fact, one could think of the Church as an institution that serves as the extended or de facto family for those whose biological families have already been victimized by the historical ills of institutional racism and the continuing dangers of poverty. Thereby, to work with the African American Church is to engage in domestic and ecclesiastical family therapy. Additionally, by working with the Church this way, therapists have the opportunity to contribute to important research that may have the potential to increase public consciousness concerning the costly realities of racial trauma. Until the late 1990s, literature and research on America's troubles with racism focused on the historical acquisition and eradication of racist attitudes. But more recent literature and research are focusing on how it actually feels to be the target of racism (Alvarez, Liang & Neville, 2016). This latter-day scholastic focus on the emotional impact of America's historical and continuing racism issues upon people of color suggests that the input of mental health professionals has been welcomed to discussions on racism within the halls of the academy. It is time that the African American Church follow suit as a matter of standard praxis. If the increased susceptibility to mental health issues that plagues the African American community has any chance of being reduced, the mental health professional must be added to the culturally instinctive "call list" of a people in crisis. If therapists are not added to the crisis team's

starting roster, the laudable progress made within urban, underprivileged communities up to this point in history may stagnate or even regress.

CHAPTER 2

THE THEOLOGICAL FRAMEWORK

Mental health professionals have begun to recognize the importance of spirituality in a multicultural world (Fukuyama & Sevig, 1999). Definitions of spirituality vary, but are generally understood to refer to the human search for meaning, life after death and connectivity to transcendent power (Clinebell, 1995; Maher & Hunt, 1993). By such definitions, spirituality may be expressed through religious traditions, but not necessarily (Fukuyama & Sevig, 1999). In fact, it has been argued that post-modern culture is one in which individual or self-constructed spirituality is preferred and practiced over traditional orthodoxy (Douthat, 2012). Notwithstanding the possible benefits that exploring spiritual themes in a general sense may have for many, it might yet be said that spirituality in this sense is much too generic for the African American experience. As noted in the previous chapter, African American culture is heavily influenced by its faith traditions, preeminent among which is Christianity (Rabateau, 1978). Moreover, Christianity in the African American tradition has a definitive theological framework uniquely crafted by the hopeful pursuit of freedom and equality within a historically oppressive social context (Foster & Smith, 2003). The writer of this work contends that understanding and utilizing the liberation and equality themes in which African American theology is characterized paves a pathway for partnership between pastors, mental health practitioners at large and structural family therapists in particular. In consideration of this premise, we now endeavor to examine the development of some key themes of African American Christian theology and to identify perspective points of connection to structural family therapy.

The Gospel of John contains what is perhaps one of the most familiar verses in the New Testament. During the 1980s, it became trendy for spectators attending sporting events to lift

homemade posters citing the third chapter and sixteenth verse of Jesus' words to a Pharisee named Nicodemus (Burke, 2009): For God so loved the world that He gave His only begotten Son, that whoever believes in Him should not perish but have everlasting life. Let us consider that within this succinct verse are profound implications concerning cosmology, family, life-threatening injury and therapeutic intervention that provide a theological framework for clergy and structural family therapists who would labor in concert to serve the socio-economically underprivileged African American community, especially as it concerns the interrelated issues of historically institutionalized racism, the post-civil rights legislation persistence of racism, the continuing symptoms of racial trauma within the African American community (Turner, 2016) and the culture of poverty through which inadequate familial structures are normalized and passed on to successive generations (Minuchin, 1967).

"God so loved the world," Jesus says. In the New Testament Greek, the original language of the text, the word for "world" is "kosmos," which transliterates to mean "orderly arrangement" (Strong, 1998). As told by Jesus through the Johannine narrative, we learn of God the Father's great affection for the cosmos or universe as a well-ordered whole. Notwithstanding the value of individualism in our Western culture, this ancient Johannine text compels us to consider God as the God of systems. Moreover, based upon etymological implications, it can be said that God is a lover of systemic interdependence, procedure and process. But in the next verse, Jesus' continuing explanation reveals that the system was broken or dangerously altered from the divine intent: For God did not send His Son into the world to condemn the world, but that the world through Him might be saved (John 3:17). The aforementioned words found in John 3:17 tell us that the world, "the orderly arrangement" or system needs to be saved, which is to mean "rescued from impending danger" (Strong, 1998). In Romans 5:12 and 8:20, the apostle Paul's explanatory midrash on the

Creation and Lapsarian narratives of Genesis 1-3 describe this systemic breakdown as an experience with life-threatening anthropological and ecosystemic consequences:

> Therefore, just as through one man sin entered the world, and death through sin, and thus death spread to all men, because all sinned… For the creation was subjected to futility, not willingly, but because of Him who subjected it in hope; because the creation itself will be delivered from the bondage of corruption…for we know that the whole creation groans and labors with birth pangs until now.

The combined thoughts of Jesus (as conveyed by John) and the inspired apostle Paul reveal that the system has been infected or infiltrated by sin, which is translated to mean "a missing of the mark, to wander from the path of uprightness, to violate divine law or to be mistaken" (Strong, 1998). One might say that the words "wander" and "violate" are indicative of the complex nature of sin as both unintentional and intentional transgressions of divine law. The writer of the fall of Adam and Eve in Genesis 3 might be said to convey both ideas. In one sense, there is clear awareness of God's law (Genesis 3:2-3). Yet, at the same time, one may note that there is the presence of subversion in serpentine form that manipulates the decision making process (Genesis 3:1). The early church patriarch Augustine (2012) believed that sin was characterized by the conscious or unconscious misappropriation of free will, ultimately resulting in death. In this sense, Alister McGrath (2001) interprets Augustine to mean that sin is an illness, inherent in human nature, impeding healthy choices and predisposing us to become participants in the tragedy of our demise. It could be said that sin is at once a condition (illness), with characteristics (symptoms) and, as Paul writes in Romans 5:12, a conduit through which death enters the divinely ordered system, endangering all creation.

From the African American theological perspective, it can be argued that racism is the particular manifestation of sin that infects and endangers the American cosmos. Liberation and equality are together, the healing hope of God's grace. Shelton and Emerson (2012) contend that Christianity in the African American tradition has been contextualized within the experiences of institutionalized, which is to say, "systemic," slavery, segregation and the ongoing socio-economic aftershocks of such. Consequently, the backbone of African American theology is based upon the interpretation of the God of the Bible as the God of the oppressed (Cone, 1998). As referenced in the previous chapter, the nascent African American church, comprised of slaves who were holding clandestine services, made it their praxis to identify with enslaved Israel in the book of Exodus. As a result, it was also their practice as enslaved African Americans to associate their slave masters with Egypt's pharaoh, and to equate God's displeasure with the institution of slavery in Egypt with God's equal displeasure with their oppression in America (Rabateau, 1978).

In an autobiographical moment, affirming slavery's impact upon African American cosmology and soteriology, the late dean of Boston University's Marsh Chapel, Howard Thurman (1976) recalls his illiterate grandmother's habit of asking him to read to her virtually any scriptural passages except the Pauline epistles, which reminded her of the pro-slavery messages preached by the ministers her former slave owner would send to preach at the services he arranged. As a slave, in as much as she was required to attend and listen, she had learned to hear the words of her slave owner's preacher without internalizing them, secretly challenging and replacing them with a different theological perspective. Liberation theologian James Cone (1998) also recalls growing up with preachers and Sunday school teachers who were proficient in picking biblical texts that affirmed the humanity of African Americans while also avoiding Pauline texts like Philemon, in which the slave Onesimus is returned to his master, and Ephesians 6:5, in which Paul advises

slaves to obey their masters. Now it can certainly be said that such verses were confined to specific historical contexts and do not represent Paul's larger, time-transcendent, anti-slavery teachings (Webb, 2001). True representation of Paul's inspired teachings concerning the issues of slavery and even segregation are poignantly provided in Galatians 3:28, which states that in Christ "there is neither Jew nor Greek, there is neither slave nor free…" But the fact that the other Pauline texts were repeatedly misused ad nauseam by proslavery ministers resulted in full-fledged aversion of certain Pauline verses in some African American circles. The writer of this work would contend that perhaps what those African American circles were really avoiding was the memory of being a captive audience to racist preachers with poor, self-serving biblical exegesis.

Perhaps continuing his grandmother's practice of reconciling faith in the God of the oppressed with the traumatic experience of slavery and the purported Pauline endorsement of such, Thurman (1996) argues that though Paul was a Jew and raised within the Jewish cultural milieu, his dual citizenship, through which he claimed rights and privileges as a Roman citizen (Acts 25:21) gave him a sense of confidence in Roman jurisprudence with which most of Israel, as the oppressed minority could not identify. Thereby, Paul's admonition to slaves to acquiesce to existing systemic conditions of oppression is indicative of those culturally naïve and often well-intended persons who espouse law and order at the expense of social justice (King, 2014). Thurman (1996) argues that in contrast to Paul, whose writings have to be subjected to more intense cultural analysis to refute persistent proslavery theologians, African American theology finds in Jesus its greatest ally-not only in the transcendent, soteriological sense, but in experiential, societal context (Thurman, 1996). In *Jesus and the Disinherited*, Thurman (1996) describes how and why African Americans came to identify so strongly with the historical Jesus:

Now Jesus was not a Roman citizen. He was not protected by the normal guarantees of

> citizenship-that quiet sense of security which comes from knowing that you belong and the general climate of confidence which it inspires…The striking similarity between the social position of Jesus in Palestine and the vast majority of American Negroes is obvious…(pp. 33-34).

We would note that this same Jesus, whose socioeconomic experience so obviously resembles the African American experience, who is the realization of Isaiah's "despised and rejected man of sorrows, acquainted with grief (Isaiah 53:3) also posits Him to empathetically minister to those who are weary and heavy burdened with the cares and conditions of impoverished living and oppression. According to Luke's gospel, as foretold in Isaiah 61, Jesus is "anointed to preach good news to the poor, to heal the brokenhearted…and to liberate the oppressed" (Luke 4:16-21). In other words, Jesus is the incarnation and manifestation of a theme of liberation that is found throughout the Old Testament.

The point to be made is that Christianity in the African American tradition is a theology of liberation (West, 1982). Berryman (1987) defines liberation theology as an interpretation of Christian faith out of the experience of the poor; it is the praxis of reading the Bible with the eyes of the poor with the intention of helping the poor to interpret their faith in a new way. Liberation theology is, at the same time, a critique of social systems that facilitate and perpetuate inequality. And though Berryman (1987) attributes the term "liberation theology" to movements in 1960s and 1970s Latin America, the phenomenology of liberation theology was essentially present in the antebellum African American community long before the terminology was applied by academicians to describe experiences in Latin America (Cone, 1998). Moreover, Cone (1998) argues that the key distinction between the two liberation theologies is that Latin American

liberation theology was primarily birthed from issues concerning class; but African American liberation theology was birthed from issues concerning race (which confines targeted races to impoverished class experiences), thus Cone uses the distinct nomenclature "black liberation theology."

Notwithstanding the erudition of Cone (1998) and his preferred nomenclature, it has been the intentional practice of this writer to replace the term "black" with African American to emphasize the ontological over the physically descriptive. We might say that African American liberation theology is the product of the double-consciousness phenomenon and the paradox that comes with it (DuBois, 1989). To be described as African American, as opposed to black is this writer's effort to acknowledge the beneath-the-skin, existential experience that is the result of being disconnected by generations from a land and culture with which one no longer identifies in the strictest sense (Africa), while yet living in a land and culture in which one has historically struggled to become equal beneficiaries of the beloved ideals of liberty and justice for all. One could argue that it is this unique phenomenology of being that creates the framework that is African American liberation theology. We could say that African American liberation theology is not about returning to Africa. As aforementioned, only the first generation of slaves had recollections of a different land and life. Successive generations were born in and only know the land called America. Furthermore, it can be noted that African Americans love America, even to the point of participating in wars to fight for American ideals while being denied access to the same. One example of such would be the Tuskegee Airmen of World War II (Ambrose, 2001). Thereby, we would argue, African American liberation theology is about full and equal inclusion into the society that has espoused at least intellectual assent to the societal ideals of liberty and justice, even as the struggle to realize those ideals continues. We would argue that this is where the African American theological/sociological

comparison to Israel varies from the Biblical narrative. The objective of African American liberation theology is not to leave Egypt in search of the land called Canaan. To the contrary, it might be said that America is Canaan, at least ideologically. Yet Numbers 13:33 would remind us that there are giants to be dealt with even in the land of promise. And in America, one of those giants is called racism. Thus it can be said that defeating this giant as empowered by the grace of God is the task of African American liberation theology.

From the African American theological perspective, racism was and is ultimately a sin problem that manifests as a skin problem (Watson, 2015). As Wallis (2016) has described, racism is the "original sin" that one might see as infecting the "more perfect union, domestic tranquility, general welfare and blessings of liberty" as described in the Edenic opening of the United States Constitution. As such, it may be said that the sin of racism was always believed to endanger not only African Americans, but all Americans; for the sins of slavery, segregation and racism imperil America itself, and given America's position as a global superpower, even the world. Such was expressed in 1829 by abolitionist David Walker (1997) in his *Appeal to the Coloured Citizens of the World*:

> In fact [slave owners] are so happy to keep in ignorance and degradation, and to receive the homage and labour of the slaves, that they forget that God rules in the armies of heaven and among the inhabitants of the earth, having his ears continually open to the cries, tears and groans of his oppressed people; and being a just and holy Being, will one day appear fully on behalf of the oppressed, and arrest the progress of the avaricious oppressors…yet the Lord our God will bring other destructions upon them (p.23).

We could say that the view of racism as a manifestation of a greater harmatological issue threatening America itself transcends skin color and appeals to humanity at large and American patriots in particular to combat a common foe. Martin Luther King, Jr. (2006) urged the nation not to reduce the cause of liberation to skin color, but to observe the reality that the fight for justice and equality was a multi-racial, multi-cultural initiative. As such, King argued, there were Americans of European descent who also realized that "their destiny is tied up" with that of the African American community. Moreover, King argued, there was a growing realization that "their freedom is inextricably bound" to the freedom of African Americans (p. 469). From this, we could say that the sin of oppression threatens the wellbeing of both the oppressor and the oppressed. In other words, though the suffering of the oppressed is clear, the oppressor also suffers in ways that are perhaps less obvious. The oppressor suffers from the misuse of power and the delusions by which he or she dehumanizes those being oppressed, ironically anesthetizing himself from the discomfort of their own dehumanizing behaviors. In other words, oppression desensitizes the oppressor to the reality of his or her own humanity. This desensitization results in the loss of the benefits of fraternity, sorority and full collaboration in societal experiences. Such was the plight of Cain in the Genesis narrative, trying to live in denial of fratricide and tune out the cry of injustice, yet unable to deny the divine call to accountability (Genesis 4:8-13). Oppression is a national threat that endangers all parties. And if oppression is a national threat, freedom ought to be a national objective.

We could say that African American liberation theology shares a similar soteriological view with Wesleyan theologians in that enslavement (by which Wesleyan theologians meant enslavement to Satan) is symptomatic of the illness of sin and that healing power of salvation manifests as liberation (Maddox, 1994). Yet in the Wesleyan tradition, the soteriological

experience has three dimensions: Those who are saved have been justified, which is to say, saved from the penalty of sin. Yet those who are justified are being sanctified, or saved from the power of sin. And ultimately, those who have been justified and sanctified will be glorified, which is to say, saved from the presence of sin (Maddox, 1994). Presently, those of us who have been justified by faith (Romans 5:1) are being sanctified by what Maddox (1994) calls "responsible grace," which is to say, our grace-empowered, obedient response to the ongoing work of the sanctification process (I Thessalonians 5:23), resulting in both personal and social holiness. Comparatively, citing Galatians 5:1 (Stand fast therefore in the liberty by which Christ has made us free…) New Testament scholar and Methodist minister Cain Felder (1990) argues that freedom must be claimed and maintained through perseverance. Perseverance is necessary in light of personal and community crises that would, if allowed, infringe upon God given liberties. Thereby, we might say that a responsibility is given to the justified/liberated to be vigilant against the yet persistent presence of defeated, sinfully oppressive forces that although defeated, remain present, and would desire to establish pockets of subtle resistance in areas they once fully occupied with boldness. Such is the nature of microaggressions, which Sue and Capodilupo (2008) define as "brief, everyday exchanges that send denigrating messages to a target group. Thereby, we could say that those who have been saved have a divine charge to both introspection and vigilance, serving the cause of both personal development and improving the greater society. From this, it might be said that the goal of God's saving grace is not just personal, but communal, or systemic. For Felder (1990) Galatians 5:1 is the indicative and imperative components of freedom. By Christian necessity, we have a responsibility to be watchmen on the wall, alerting the community to the possible emergence of societal ills.

Though the ideas of racism as a sinful social ill and advocacy for freedom and equality as expressions of God's sanctifying grace can be considered as old as the antebellum "hush harbor" church (Rabateau, 1978), James Cone (1998) credits the aforementioned Reverend Dr. Martin Luther King, Jr. for articulating and codifying the theological connection between Christian discipleship and social justice most effectively. Indeed, Cone argues that what Martin Luther King, Jr said and did about race from a theological point of view affected Christianity in America and the world in a pivotal sense that is equally as relevant to theological formation as Augustine and Luther in their respective ages:

> Before King, no Christian theologian showed so conclusively in his actions and words the great contradiction between racial segregation and the gospel of Jesus… After King, no theologian or preacher dares to defend racial segregation. He destroyed its moral legitimacy. (pp. xvi-xvii).

One might also take the observations of Cone (1998) concerning Martin Luther King's impact on theology in the African American tradition a step further. If King did indeed destroy the moral legitimacy of racial segregation from a theological perspective, it can also be argued that he was equally as critical of ecclesiastical and ecclesiological apathy or aversion concerning social justice. Notice the following excerpt from *Letter from Birmingham Jail* (King, 2014) which equates non-involvement with impotence:

> In the midst of a mighty struggle to rid our nation of racial and economic injustice, I have heard so many ministers say, "Those are social issues with which the gospel has no real concern." And I have watched so many churches commit themselves to a completely other-

> worldly religion… There was a time when the church was very powerful…Things are different now. The contemporary church is often a weak, ineffectual voice with an uncertain sound…arch supporter of the status quo. The power structure of the average community is consoled by the church's silent and often vocal sanction of things as they are (pp. 403-404).

If indeed Martin Luther King's theology of social justice made the indelible print Cone (1998) argues it to have made, it was a wake-up call to renewed social advocacy. There is evidence to suggest that King's social gospel continues to provide the theological framework for the African American Church, and thereby, the African American community and beyond. In this post-modern age, African American churches value being engaged in socially relevant issues (Shelton & Emerson, 2012). And perhaps a poignant example of the racial and denominational transcendence of King's theological framework is reflected in the actions of a predominantly white congregation which gathered to pray for "mercy for any complicity in injustice, conviction for any sins of indifference and forgiveness for remaining silent" after the controversial death of Philando Castile and subsequent protests and acts of violence in Falcon Heights Minnesota (Gottfried, Verges, Melo, Vezner & Rathbun, 2016). Such a repentant prayer is reflective of a church whose theological position regards the failure to engage societal concerns as moral failure.

As referenced earlier in this chapter, liberation is a theme of the gospel that may include, but ultimately transcends race. Kasemann (1970) contends that freedom is the heart of the message of Jesus. If this is the case, one may wonder if it is really necessary to specifically identify and qualify something as African American Liberation Theology. Well, there are two things that can be considered here: First, the gospel was not initially presented to African Americans as a message of liberation, but rather in hopes of facilitating the acceptance of being enslaved (Rabateau, 1978;

Thurman, 1976). Thereby, it can be said that African American liberation theology refers to the hermeneutic which began among antebellum slaves, was codified to experience its greatest academic and social impact via the works of Martin Luther King, Jr and continues to serve as a dialectical response to an immoral and unjust didactic of compliance to oppression. But secondly, and of profound importance to this work is this: In as much as it has been shown that the oppression-liberation struggle so greatly informs the African American world view, rather than debate the philosophical credibility or falsity of such, perhaps it would be wise to acknowledge and utilize that world view as a viable point of entry to begin the work of family therapy.

We could say that structural family therapy is a natural partner for the cosmology and soteriology of African American theology because structural family therapy is essentially a form of liberation. As addressed in the previous chapter, it is the nature of family members to assume certain roles within the nuclear family unit (Minuchin, 1967). When familial problems are presented for treatment, it can be said that the therapist essentially repairs the system by revealing opportunities for family members to be liberated from roles that have become oppressive. Moreover, liberated family members are thereby afforded the opportunity to realize untapped or under-tapped potential by assuming other roles within the family.

We could say that oppressive familial roles may not have always been oppressive. To the contrary, assumed roles may have been age and stage appropriate at one point in the life of a family. Familial roles become oppressive when they prohibit what Jonathan T. Pennington (as cited in Whenchel, 2014) describes as human flourishing. Theologically speaking, "flourishing" is more than simply "living the good life" as defined by secular ideologies and surrounding cultural values. But to flourish is to experience life in an almost Edenic sense, which is to say, the way life was supposed to be according to God's original intent (Whenchel, 2014). It could be said that the

role of the family therapist is to facilitate familial flourishing. For example, the following is an excerpt of Minuchin's (Minuchin & Nichols, 1993) analysis of a family with which he was working, consisting of a husband, wife and their presenting issue of two frequently misbehaving young sons:

> The truth was that she [the wife] was far more responsible for and burdened by the children than he [the husband] was. He was the breadwinner; she was the nurturer. In this, they were following scripts they were raised on…Also…their conflict with the children seemed to offer a detour from their own conflict (p. 307).

This assessment clearly identifies the rigid conformity to acquired scripts within the marital dyad as the issue beyond the presenting issue. And after a few sessions, Minuchin (Minuchin & Nichols, 1993) describes what he calls "the pleasure that comes with knowing that a shift has occurred in the way in which a family experiences life together" (p.316). Part of that pleasurable shift included putting an end to the marital dyad existing as "prisoners of the kids" (p. 318). Similarly, the kids were liberated from their dual roles as parental oppressors and the symptom bearers of marital issues. This liberation from oppressive roles released the children "to exercise the adventures, curiosities and playful anxieties of youth in healthier ways" (p.318). In essence, we might say that each family member was not only liberated from something, but was also liberated to become something else, which is to say that they were liberated to flourish.

The idea of being liberated from something to become something, or liberated to flourish that could be considered inherent in the praxis of structural family therapy mirrors the convictions of the African American community's concept of Christianity. Ironically, though some of the writings of the apostle Paul have been historically avoided or heavily critiqued by African

American theologians, his words as recorded in Galatians 4:3-7 could be argued to capture this essential ideological component of liberation theology:

> Even so we, when we were children, were in bondage under the elements of the world. But when the fullness of time had come, God sent forth His Son…to redeem those who were under the law, that we might receive adoption as sons…Therefore, you are no longer a slave but a son, and if a son, then an heir of God through Christ.

The twofold nature of Biblical liberation is clearly described by Paul as being liberated from something and liberated to become something, namely, heirs of God through Christ, which is to say, full inclusion in the family of God. It can be argued that liberation is not only liberation from the Mosaic Law, but also liberated from sin and the sinful behaviors that necessitated the law. We can thereby think of a theology of liberation as one that strives to liberate the oppressed from not only the oppressive nature of the system itself, but also from the subsequently problematic behaviors of the oppressed who act out the frustrations of their socioeconomic limitations. In the case of the family described by Minuchin and Nichols (1993), larger family systems issues initially presented themselves through the behaviors of the children, children who were helped by being liberated to flourish. A similar comparison could be made to oppressive systems within a municipal familial context by which the "children" of oppression might be disproportionately exposed and predisposed to the vices of urban poverty; it can be said that they too need to be liberated to flourish.

It is the contention of this writer that the aforementioned identifies common ground for the pastor as an African American liberation theologian and the family therapist to operate as partners in liberation processes. The therapist working with African American families must recognize the

ongoing effects of racism on individuals, couples and families even as the urban churches those families attend feel and respond to the pull to serve as advocates against systemic injustices by and through which African American families are disproportionately traumatized. Both are also engaged in the practice of equipping those within the system with healthy ways to cope within and respond to the system (which in essence, eventually changes the system). Again, to reference the work of Pennington (as cited in Whenchel, 2014), to flourish is a God-given, fundamental human right. There is no special group of people with exclusive rights to flourish, especially not at the expense of others. Thereby, as long as racism exists and disproportionately inhibits the flourishing of targeted demographics in the American family, the family therapist working in African American communities will essentially join the pastors serving in such contexts in the work of liberation.

If Martin Luther King, Jr is the preeminent public academician and spokesperson for a gospel of liberation dating back to the nascent days of slavery as Cone (1998) asserts, then we call attention to a portion of King's renowned speech *I Have a Dream,* delivered at the National Mall in Washington D.C. in 1963, a portion of which might be considered to parallel this theology of *liberation from* and *liberation to become* as observed in Paul's aforementioned epistle to the church in Galatia. King's speech (1963/2006) appears to be not just an appeal for liberation from segregation, but also, liberation to become fully recognized heirs of the American dream:

> In a sense, we have come to our nation's Capital to cash a check. When the architects of our republic wrote the magnificent words of the Constitution and the Declaration of Independence, they were signing a promissory note to which every American was to fall heir…a promise that all men would be guaranteed the unalienable rights of life, liberty and

the pursuit of happiness (p. 280).

African American traditions and practices reflect a worldview linking the divine and human community (Mattis & Jaegers, 2001). It can be said that this inextricable connection between the theological and the sociological is consistent with Jesus' instructions to his disciples to pray for the will of God the Father to be done on earth as it is in heaven (Matthew 6:10; Luke 11:2). Therefore, in as much as research continually identifies the African American Church as the core of African American community (DuBois, 1887; Taylor, Chatters & Levin, 2004); and in as much as African American pastors (particularly since Martin Luther King's formally documented contributions to the social justice gospel) are enculturated and/or, depending upon their theological training experience, possibly educated to critique societal practices with an oppression-liberation hermeneutic (Cone, 1998; West, 1982), it could be argued that structural family therapists would best serve the African American community by working within the existing theological-sociological synthesis that is the ethos of African American community. That is to say, whatever form the assessed threat to the family may assume (poverty, substance abuse, academic underperformance, et cetera), the structural family therapist may want to give strong consideration to framing his or her work with the family within the context of serving that family as a liberation facilitator, freeing the family from oppressive roles and practices to become realized heirs of divinely endowed potential. In doing so, the family will experience consistency of framework between its pastor and therapist.

To the extent that the theological is so intricately woven into the sociological, it might be said that the success of the structural family therapist working within these settings may be contingent upon or commensurate with the degree of passion for the cause of improving the quality of life for impoverished African American families. In other words, the historical, theological, socio-

economic and structural complexities of the African American experience may require a sense of calling similar to that of the urban minister. Thus we return to the Johannine focal verse with which we began this chapter (John 3:16): "For God so *loved* the world that He gave…" Let us consider that the verbs here are "love" and "give." From this, we might say that serving the socio-economically challenged African American demographic is a sacrificial labor of love that not only calls for academic/professional credentials, but also require an inspired sense of purpose. We submit this consideration being mindful that the work of Minuchin (1967) identifies a requirement for the therapist to "join the family" that one is seeking to effectively serve. We would contend that to "join the family" is to engage in an empathetic experience that requires a sense of commitment and study beyond an ancillary textbook paragraph, obligatory chapter reading, uncomfortable class discussion or convenient course elective on racism and cultural competence. In other words, missional efficacy requires empathy, which means to understand the feelings of another. In the theological-sociological framework of African American culture, this kind of empathy is the essence of being like Christ, the God who became flesh and lived among us (John 1:14).

We return to our Johannine focal text: God so loved the world that He gave His only begotten Son… (John 3:16). It can be argued that the familial language of Jesus has great significance in terms of facilitating a strong partnership between pastors and structural family therapists. He who is the creator, savior and sustainer of the cosmos has revealed himself to humanity as a family: Father, Son and Spirit, the latter of which has been arguably personified by some theologians with effeminate attributes, such as the "Mother of the Church," and the "Cinderella of Theology" (Atwood, 1999; Sirks, 1957). The point here is not to argue contradictory pneumatological positions. The point is to acknowledge the existence of a familial presentation of the Godhead with

respective roles and responsibilities that can be used as common ground in pastoral-psychotherapeutic collaborations because of its correlation with the emphasis on familial roles and responsibilities found in structural family therapy.

In addition to the familial ontology of the Godhead, we might also note that in his humanity, Jesus, the Son of God is conceived under socially questionable conditions (Matthew 1:18-19) and raised in a home with a non-biological father (Matthew 1:24-25). The offerings made by Joseph and Mary shortly after giving birth to Jesus seem to suggest that the earthly family of Jesus was not wealthy, but was indeed familiar with humbling financial conditions (Leviticus 12:5-8; Matthew 2:21-24). He was, as Thurman (1976) observed, part of an oppressed minority whose faith institutions were central to their cultural experience at large and very influential in Jesus' historical context (Luke 4:16). He was hated, distrusted by those in authority, arrested on questionable charges (Luke 23:13-15) and subjected to capital punishment (Luke 23:23-25). And yet the message of the gospel remains that Jesus is the beloved Son of God who has overcome the world (John 16:33); and in doing so, has empowered us with the opportunity to be like Him, beloved children of God the Father (I John 3:1-2) and joint heirs with Christ (Romans 8:17). Thus we could say that the experiences of Jesus as the incarnate Christ and the "families of the slums" treated by Minuchin (1967) have socio-economic and familial points of reference by which pastors and family therapists can both compliment and (in their respective vocabularies) even echo each other.

The theological emphasis on structural or systemic concerns espoused by the African American Church has been sometimes unfavorably contrasted with Protestant European American theological commitments to individualism and personal responsibility (Shelton & Emerson, 2012; Brewer & Stonecash, 2015). But rather than view these theological positions in conflict, it could

be argued that they are complimentary sides of the same coin, each holding the other accountable. The contention of this writing is that there is room for personal responsibility within the theological framework of systemic or social justice, even as there is room for personal growth within family systems therapy. Indeed, portions of arguments from West (1982) and Felder (1990) seem to suggest that increased socio-economic opportunities for African Americans are slowly but surely replacing racial disparities with class disparities as more African Americans achieve middle class or even affluent lifestyles and assume the values reflective of those statuses, which includes the value of assuming personal responsibility for one's choices and responses to systemic contexts.

From the "whosoever believes" clause of John 3:16, we can conclude that a healthy system, it would seem, naturally develops and encourages the assumption of personal responsibility. Yet it can be said that the assumption of personal responsibility is significantly influenced by, if not entirely commensurate with the degree of faith in the health of the system at large. In other words, to some extent, the "whosoever" must "believe" that the system is either arranged, has been rearranged, or is capable of being rearranged to acknowledge him or her as an equal and viable part of that system even as it nurtures healthy individuation and the full realization of identity within community. Theologically speaking, this kind of faith is best placed, as John 3:16 records, "in Him," which is to say, not in the power of men to create ideal systems, but in the power of the God who created, sustained and had now saved the system from its trajectory towards utter destruction. Nurturing that kind of therapeutic faith in God's original systemic intent and system restorative grace, we contend, has been the traditional role of the historically African American Church.

In summary, it has been the intent of this writer to convey the theological perspective that is the framework of the African American Church. The construction of this framework began in

antebellum worship services, was most popularly codified in the works of Martin Luther King, Jr (2014), academized in the works of James Cone (1998) and continues through post-modern engagement in social justice concerns (Shelton & Emerson, 2012). From this theological perspective, racism is America's "original sin" (Wallis, 2016). As a result, the American world/system became dysfunctional and diseased, endangering human oppressors and the oppressed alike (Walker, 1997). To save the system, God sent His Son, who identified with the oppressed, championed their cause and made a better way possible to all those who chose to believe in Him (John 3:16). Empowered by His Spirit, the work of liberation continues because the pre-eschatological persistence of sin necessitates determination and vigilance (Acts 1:8; Galatians 5:1). The process that is the ongoing work of the Holy Spirit is called sanctification, a developmental phenomenon which results in both personal and social holiness (Maddox, 1994). Based upon this theological framework, pastors in general, and those serving African American communities in particular have a vocational responsibility to serve not just as proponents of personal responsibility, but as advocates of social justice as well (King, 2014).

CHAPTER 3

LITERARY REVIEW

The principal objectives of this work are twofold. The first is to acknowledge the existence, etiology and pathology of the mental health crisis in urban, underprivileged African American communities. The concomitant objective is to stress the urgent need for partnership between urban pastors who have historically served this community as de facto therapists and licensed therapists, whose role in serving this same institutionally, culturally and interpersonally traumatized demographic has historically been peripheral, often court appointed or essentially non-existent. But to accomplish these objectives, certain perspectives must be seriously considered if the desired partnership is going to bridge the gap between theoretical assent and effective practice. Let us begin by considering the premise that mental health professionals should strive to be as well informed as possible and sensitized to the realities of institutional, cultural and interpersonal racism and the historical policies and practices of the American culture at large that have traumatized the African American demographic. Notwithstanding the progress that has been made as a society, it is yet our contention that the ripple effects of America's issues with race continue to affect the daily experiences, health and well-being of African Americans, especially the most economically challenged families (NAMI, 2016; Pierterse & Powell, 2016). At the same time, pastors, staff clergy and church ministries serving in urban contexts, while having done important ambulatory, general practice and preventive work concerning the emotional health of the underprivileged should be aware of their limitations in addressing the sociological correlations and complexities of mental health issues experienced within the impoverished African American community. The aforementioned assertions and objectives are substantiated by the content of the literary reviews that comprise this chapter.

3.01 Meeting the Challenges of Partnership

Integrating religious and psychotherapeutic practices has been a historically controversial endeavor; but the increasing realization of the important roles both occupy in the lives of many, and the possibility of religion's contribution to overall physical and emotional well-being of people of faith has compelled consideration and exploration of an integrated approach (Gonsiorek, Pargament, & McMinn, 2009). And indeed, it can be said that if both religious and psychotherapeutic communities have access and influence in the lives of those they serve, for the two influential parties to treat the other as non-existent is somewhat analogous to parents who fail to communicate or acknowledge the significant role held by the other in the lives of the children whose well-being they profess to prioritize. But as Gonsiorek et al. (2009) point out, to acknowledge the pragmatism of an integrated approach does not negate the realization that an effective merger raises numerous concerns, including the following:

- Competence: To be a mental health professional does not automatically make one a theologian; neither does being a theologian automatically make one a mental health expert. Even those who are trained in both are usually trained within a specific theological or denominational context that limits their scope of expertise. In light of this, the author of this work contends that clergy-therapist partnerships require both parties to be conscious of their limitations and respectful of the role occupied by their professional colleague.
- Bias: Psychologists who are not religious, or practice a different religion should be careful not to devalue or dismiss the beliefs or non-beliefs of those clients and members of the clergy with whom they work.
- Maintaining Traditions and Standards: Referencing resolutions from the APA (2008), Gonsiorek et al (2009) stress the importance of recognizing and respecting the fact that the

psychological and theological disciplines operate with profoundly different historical, theoretical and methodological processes. For example, a pastor may cite a bible verse with an implied moral responsibility. The mental health professional may address the same topic with a methodology intended to lead the client to a point of decision based on self-discovery. Both paths may lead to the same destination, but the travel routes are distinct.

It can be said that the concerns listed above are credible and the need for appropriate boundaries is real. However, the author of this work contends that the cost of negotiation between pastor and therapist is preferable to the price of denial and neglect. We could say that for various reasons, the emotional needs of the African American community in particular has been served virtually exclusively by its religious community and underserved by the mental health community long enough. The need for partnership is worth negotiating the terms of integrated engagement. Based upon partnerships established between clergy and mental health professionals in the aftermath of Hurricane Katrina, Aten, Topping, Denney and Bayne (2010) report the following among things considered essential to successful collaborations:

- Mental Health Support for Clergy: As mentioned in the opening chapter, Hurricane Katrina served as a reminder that African American clergy can be wounded leaders, called upon and expected to be of assistance to others while coping with their own disappointments, losses and frustrations associated with the African American experience. Post-disaster partnerships in the Gulf Coast region reportedly began with the recognition that urban African American pastors are a part of the disproportionately impacted demographic and are in need of care as well. We could say that the wisdom of this approach lies in the mental health community's awareness that caring for the community caregivers can pave the access road to the larger community.

- Cultural Competence Training for Mental Health Professionals: Following a disaster, African Americans have been found to experience higher levels of psychological and physical distress than their European American counterparts (Turner & Lloyd, 2004). This inequity of response is credited to challenging life conditions like poverty that preceded the disaster like a chronic, preexisting condition (Aten, Bayne et al., 2010). In times of offering assistance to families in general and especially in the aftermath of disaster, helping professionals should be prepared for the possibility of needing to serve as liaisons between minority communities and relief agencies, utilizing their multicultural training to help agencies serve with greater sensitivity (Aten, Bayne et al., 2010).
- Spiritual/Religious Training for Mental Health Professionals: Again, viewing faith based facilities as a gathering place in times of crises is part of the fabric of African American culture. Mental health professionals seeking to help the community would be most effective recognizing and respecting this cultural norm as opposed to compounding the trauma by trying to change it (Aten, Bayne et al., 2010; Smith, Jr., 1981).

3.02 Improving the Quality of Life Through Partnerships

African Americans who participate in faith communities are likely to live an average of 13.7 years longer and enjoy psychological and physiological health benefits (Marks, Nesteruk, Swanson, Garrison & Davis, 2005). Most African Americans do not seek mental health services in response to emotional distress (Neighbors, Caldwell, Williams, Neese, Taylor & Bullard, 2007). Among the relatively few who do seek mental health services, the largest group is 30-59 year old females with health insurance and at least six years of college experience (Neighbors et al., 2007). This report from Neighbors et al. (2007) reveals that gender, age, finances and education are contributing factors to the use or underuse of mental health services within the African American

community. At the same time, this report reveals the vulnerability of two important subgroups, namely adult African American males and African American young adults. Given the socioeconomic stressors that disproportionally affect African American families, it can be said that access and utilization of mental health services by these underserved groups is of utmost importance. Moreover, it would stand to reason that if the faith community is able to single-handedly facilitate a 13.7 year difference in the life expectancy of African Americans, a partnership with mental health providers can only improve the possibilities of a longer and healthier life.

The research of Lumpkins, Greiner, Daley, Mabachi and Neuhaus (2013) concludes that a multi-faceted, community oriented approach to mental health is most effective for improving the quality of life for underprivileged and underserved communities. A multi-faceted approach is one that prescribes intervention on multiple levels, including interpersonal, organizational, community and policy levels (Lumpkins et al., 2013). Previous strategies employed in times past minimized societal contexts and focused on individual behaviors but were found to be less effective (Lumpkins et al., 2013). The writer of this work is thereby led to propose that such results are complimentary to both the prominent role of the church within African American communities and one of the fundamental principles of family therapy: Healthy systemic adjustments facilitate healthy individual and interpersonal behaviors (Minuchin, 1967).

The Clergy Outreach and Professional Engagement program (COPE) connects clergy and mental health workers in a prevention based partnership program (Milstein, Manierre & Yali, 2010). Through COPE, clinicians can consult local clergy to learn specific information about religions practiced by their clients. Given the strong influence of religion upon the lives of a significant number of persons and the significant varieties of religious experience, COPE clinicians utilize affiliated clergy as consultants in providing quality care to clients. At the same time, clergy

persons get to see the role psychology and psychotherapy can assume in helping persons respond to emotional distress (Milstein et al., 2010). In short, the COPE approach is comprised of four collaborative recovery pathways. First, COPE recognizes that individuals are part of larger community contexts from which they are instilled with spiritual values like hope and concern for others. Secondly, COPE recognizes that those communities provide spiritual coherence and social support in times of crisis. But there are times when the crises of life and corresponding emotional reactions are beyond the efficacy of social support systems, requiring the third pathway of treatment, which consists of professional psychological assessment and clinical care. The fourth recovery pathway of COPE consists of ongoing collaboration among the client, family, clergy and mental health professional when mental illness presents itself as a chronic condition (Milstein et al., 2010).

When meeting with a parishioner, will clergy recognize when it may be time to make a mental health referral? The general contention is that it is not necessary for clergy to be proficient in the diagnostic categories; but it is important to know that clinical resources are available and that the utilization of those resources can both serve the best interest of the parishioner and reduce the professional burden of clergy (Farrell & Goebert, 2008; McMinn, Ammons, McLaughlin, Williamson, Griffin, Fitzsimmons & Spires, 2005). However, the American Psychiatric Association (2016) does recommend that faith leaders be aware of the following categories of observable behaviors:

- Cognition: Does the person seem confused or disoriented with regards to person, time and place? Are there gaps in memory or inability to answer questions appropriately?
- Affect/Mood: Does the person appear sad, depressed, or overly high spirited? Does he/she appear overwhelmed by circumstances or given to abrupt emotional changes?

- Speech: Does the person speak too slowly or quickly, missing words? Is there stuttering? Are there long pauses in speech?
- Thought Patterns and Logic: Is there evidence of racing, disconnected thoughts? Are bizarre ideas being expressed? Does there appear to be responses to unusual voices or visions?
- Appearance: Does the person appear disheveled, inappropriately dressed or exercising poor hygiene? Is there trembling, shaking or evidence of inability to sit or stand still? (p.16).

Affirmative responses to the questions in the categories above may be sufficient for clergy referrals to mental health care. When a referral is received, it becomes the responsibility of the mental health professional to conduct a formal assessment and to assess the role of religion in the life of the client (Puchalski, 2006).

How can mental health professionals assess the importance of religious beliefs and practices in the lives of their clients? Depending on the degree of influence, the clinician may want to consider obtaining client consent to consult clergy for assistance in developing a treatment approach. To assist mental health professionals, Christina Puchalski (2010) developed the Faith Importance Community Action (FICA) Spiritual Assessment process, consisting of a series of category specific questions the mental health professional may ask the client:

- Faith, Belief and Meaning: Do you consider yourself spiritual or religious? Do you have spiritual beliefs that help you cope with stress? What gives your life meaning?
- Importance and Influence: What importance does your faith or belief have in your life? Have your beliefs influenced how you handle stress? Do you have specific beliefs that might influence your healthcare decisions?

- Community: Are you part of a spiritual or religious community? Is that community of support to you? If so, how?
- Action: How would you like me (the health care professional) to address these issues in your care? (Puchalski, 2010).

3.03 A delayed reaction. In an article appearing in *Journal of Religion and Health*, George Christian Anderson (1963) traces the historical union, disconnection and reunion of clergy and mental health workers. By Anderson's report, in ancient civilizations, physical ailments were spiritual concerns. But over time, the development of medicine as a specialty of science not only separated the two fields, but also fenced them with a protective barrier of governmental licensing, legislation and regulatory practices that prohibited clergypersons without medical credentials from engaging in medical practice (Anderson, 1963). However, Anderson writes:

> "Today, there is a renewal of interest and a fresh appreciation of religion and its clergy in the role both can play in ministering to the ill…As clergymen and physicians recapture the concept of man as a unit-an emotional and physical being-cooperation between clergymen and physicians becomes more compelling than ever." (p.57).

Eighteen years after Anderson (1963) reported a "more compelling than ever" (p.57) ethos of collaboration between clergy and mental health workers, another article appeared in Journal of Religion and Health by Archie Smith, Jr. (1981) that specifically addressed the status of religion and mental health in urban African American communities:

> "In our contemporary urban environments, religion and mental health are often seen as autonomous, unrelated, if not competing and conflicting systems of activities. Each

> system…tends to mistrust the claims of the other. Originally, the concerns for spiritual and psychic health were united…Today, that linkage is rare. Dialogue between the two tends to be one-sided, with psychiatry assuming a superior role to religion…Psychotherapy for the poor, uneducated, and black populations has not been readily available, nor has it been very helpful when available. Among the majority of black Americans…participating in their own church communions may prove to be more supportive to their mental health than psychotherapy." (pp. 265-266).

The juxtaposition of reports from Anderson (1963) and Smith, Jr. (1981), and further consideration of the previously referenced report from Aten et al. (2010) regarding pastors and churches that found themselves overwhelmed, under-resourced and under-informed about access to mental health resources in the wake of a natural disaster seem to make it clear that there is a delayed reaction within the urban African American community with regards to the perception of mental health disciplines as a viable partner with African American religious institutions. Again, the reasons for the delay are layered, inclusive of persistent stigmas regarding mental illness and socioeconomic concerns (Milstein et al., 2010; Smith, Jr., 1981). Notwithstanding those considerable issues, this writer would yet contend that the issue of mistrust deserves emphatic address. Creating an atmosphere of physical and emotional safety, inclusive of emotionally expressive speech is essential to the efficacy of therapeutic relationship (McWilliams, 2004). Giving further consideration to this idea concerning the primacy of relational trust, McWilliams (2004) writes: "If I had to identify the most common failing of novice therapists, I would say it is the tendency to try to 'do therapy' without first securing an alliance." (p.74). The correlation of

McWilliams' (2004) alliance-securing observation with Smith, Jr's (1981) observation concerning the insufficiency of educational credentials and minimal effectiveness of psychotherapy within underprivileged African American communities present adequate grounds for this writer to assert that resistance to mental health options within the African American community is a relationship issue. Moreover, in as much as Turner (2016) has noted that one of the symptoms of racial trauma is the mistrust of institutions, it is the contention of this writer that a significant obstacle to establishing the seminal trust requisite for a healthy relationship between the mental health professions and urban African American communities is the persistent impact of racism upon cultural praxis.

In as much as it has been asserted that no amount of educational accomplishment, institutional credentialing or theoretical knowledge will have maximum efficacy without relational trust, the subsequent inquiry seems to be clear: How might a healthy, trustworthy relationship be established between the mental health institution and African American communities? Well, as an African American pastoring in an urban context, this writer proposes to engage the question by preceding the remaining literature reviews with the self-disclosure of a personal experience.

As a pastor serving others, one of my commitments to personal wellness for the past several years has been quarterly sessions with a therapist. Perhaps, I could or should do more, but it's what I can manage; and it's better than nothing. The very first therapist I had was an older, European American woman. Most clients prefer therapists of their own race, but I knew that equally gifted and properly trained therapists have been found capable of providing quality care to persons of different race or ethnicity (Cabral & Smith, 2012). She was very professional, pleasant and competent in her psychoanalytic approach. But I was in the habit of identifying with movie scenes and song lyrics to vivify my emotional responses to life experiences. Growing up in a house of

musicians, grade-school thespians and singers, art was both a reflection of life and a segue to emotional bonding. My father acquainted us with numerous film genres, transcending the confines of time, race, ethnicity and technological advances. But in therapy, it did not take me long to realize that my therapist only nodded with a sense of connection to my illustrations when I mentioned films with predominantly Caucasian casts. My attempts to illumine my feelings with scenes from films featuring predominantly African American casts or African American-influenced songs were met with a blank face (even the most popular or heavily commercialized films). Several times I asked, "Did you see that one?" Her faithful reply was, "No, I didn't see that one." It soon became clear that I was considerably more versed in her culture than she was acquainted with mine. I changed therapists not because of clinical incompetence, nor was it because I thought she was a racist. And I certainly did not expect her to become an African American film aficionado just for me. But I changed therapists because it became uncomfortably laborious for me to keep trying to tell my story on someone else's terms of connection and comfortability.

It is the contention of this writer that whatever therapeutic successes the African American church has experienced with regards to it's urban, underprivileged demographic is due in large part to the Church's ability to establish relational trust through the provision of a safe place where people can tell their story. The research of Judith Glaser (2014) concerning conversation, communication and comprehension reveals that the need to express experience is fundamentally human. Moreover, lest we would omit the Bible from our literature review, let us consider the fact that there are numerous examples in the scriptures in which those who were socioeconomically and even physically oppressed felt compelled, or were divinely charged to tell their survival story. The divine mandate given to Moses on the occasion of the Passover and liberation experiences in Exodus 12:14 was to "keep it as a feast to the Lord throughout your generations." Upon crossing

the Jordan, Moses' successor Joshua was told to have Israel assemble stones and erect "a memorial to the children of Israel forever." (Joshua 4:7). And even Jesus, the Christ, preparing for his impending arrest and crucifixion, served a cup of drink and bread with instructions for the practice to continue "in remembrance" of Him (Luke 22:17-20). And finally, in Revelation 12:11, John describes brothers who overcame Satan "by the blood of the Lamb and by the word of their testimony." The point to be reiterated here by this writer is that there is a profound need among those who have experienced trauma to tell their story of survival, not in the nomenclature of the professional, but in the language of personal experience. In other words, testimonies of struggle and survival not only have theological precedent, but according to previously referenced observations from Marks, Nesteruk et al. (2005) and Smith, Jr. (1981), testimonies appear to have therapeutic effects as well.

In *Psychoanalytic Psychotherapy*, author Nancy McWilliams (2004) describes her introductory sessions with a client as information gathering sessions:

> I typically spend the first session with a new patient trying to get a sense of his or her presenting problem (including its history and the person's prior efforts to deal with it) and to establish myself as a potentially helpful presence. In the second meeting, I take a detailed history. After that, I make a statement along the following lines, 'I think that's enough information for me to have a context for what you want to work on. '' (p.91).

Additionally, McWilliams (2004) contends that "higher functioning clients" (p.82) often need a sense of permission to express things that may be deemed impolite or uncomfortable in other contexts. Persons with certain emotional disturbances may immediately exhibit their worst selves,

unconsciously testing the relational foundation before taking another step. Within reason, meaning without a masochistic submitting to verbal abuse, therapists should be able to display sufficient self-esteem to not only withstand that which would otherwise be offensive, but to in fact use it to strengthen the client-therapist relationship and build meaning from the hostility (McWilliams, 2004).

In consideration of McWilliams' (2004) approach, one might recommend that the mental health community at large apply the same new patient approach with urban pastors and the African American community. Begin building trust by listening. To dismiss, display disapproval or attempt to delegitimize the experiential phenomena of the urban African American community, expecting full acceptance of diagnoses from a discipline whose theories and criteria for normative behaviors are built on European cultural contexts is an exercise in cultural oppression (Sue & Sue, 2008). Moreover, attempts to disregard contextual history and diagnose reinforces the invisibility syndrome, the racially motivated phenomenon by which African American individuals, families, communities and culture are ignored or overlooked as though they were invisible (Franklin, 2004). The poor, urban African American community did not develop its culture of institutional mistrust overnight. To the contrary, in context, skepticism and suspicion have been described as survival skills developed within the American story and the socially constructed phenomenon of racial hierarchy by which African Americans were traumatized (Sue & Sue, 2008; van de Berghe, 1967). To be ill-informed, under-informed or insensitive to this historical context as a therapist is to risk misdiagnosis (Sue & Sue, 2008). In as much as the diagnostic power of mental health professionals is labeling power, affecting both formal health records and social perceptions, it can be argued that requiring trust is a reasonable cost of admission into the urban community. Trust is a relational

phenomenon that in this case begins with mental health professionals who are willing to strengthen their cultural competence through greater familiarity with the African American story.

3.04 ***The cost of racism.*** Published by the American Psychological Association, *The Cost of Racism for People of Color* is a compilation of essays addressing the impact of real and perceived racism. Editors Alvarez, Liang and Neville (2016) identify two goals of their work. The first goal is to gather the most current literature about the theoretical, empirical and applied research on racial discrimination as experienced by people of color. The second goal is to motivate more scholasticism in what is considered to be a relatively new area of study (pp. 3-4). Alvarez, Lang and Neville (2016) contend that studies to date have tended to focus on the acquisition and prevention of racist attitudes. But there needs to be more work regarding the more experiential concerns of racism. We might say that this approach calls for a Rogerian, empathetic, person-centered approach to helping a troubled demographic (Rogers, 1980). This more recent field of study asks and endeavors to address the question: How does it feel to be the target of racism? This is an important question to the extent that racism has been an interpersonal stressor with considerable effects on social cognitive process, including the development of depression and the construction of negative schemas about self, others and the world (Brondolo, Ng, Pierre, & Lane, 2016). Moreover, consciousness of stigmas and rejections historically associated with race can arouse expectations of rejection and anticipatory avoidance of institutions perceived as racist (Mendoza-Denton, Downey, Purdie, Davis & Pietrzak, 2002).

Race and Racism by Pierre L. van den Berghe (1967) argues that theories about race have no biological or scientific merit. To the contrary, race is a socially constructed phenomenon often rationalized, institutionalized and sustained by biased theories of racial hierarchy erroneously presented in the name of science (i.e. social Darwinism, eugenics). But in fact, there is no

scientifically legitimate theory of race as such to be studied. Race relations is a provisional experience formed and fashioned within the larger institutional or societal context to which one refers. In the United States, van den Berghe contends, slavery and racism traumatically destabilized the most basic of all human social institutions, the family. Rationalized by pseudo-scientific claims and racist theological constructs, people of color in general, and African Americans in particular were regarded as subhuman. As such, marriage was discouraged by European American clergy and commonly prohibited by slave owners (van den Berghe, 1967). The alternative to marriage among slaves, common law unions were broken up by the sale of partners and children, resulting in a profound identity crisis within the African American community. This destabilization of family facilitated what van den Berghe calls "the virtually complete deculturation of African Americans" (p.82) and "the collective internalization of feelings of inferiority." (p.82). Writing in the latter half of the twentieth century, over a century after emancipation, "the disruptive heritage" (p.82) of slavery, van den Berghe argues, can still be felt within African American families and communities.

Historical debates concerning race as a biological reality versus race as a social construct are also addressed in *Race in North America* (Smedley & Smedley, 2012). Despite the increasing trend away from utilizing race in matters of scientific classification, Smedley and Smedley (2012) argue that resistant attitudes persist as consciously or unconsciously influenced by discredited and academically corrected, yet long standing and resistant social constructs of reality. The findings of Smedley & Smedley (2010) correspond with conclusions reported by van den Berghe (1967), who reported that Antebellum and Reconstruction attitudes and beliefs about the subhuman nature of African Americans were on a continuum from "immature, irresponsible, unintelligent…grown

up children in need of stern guidance" (at best) to that of "a special and expensive species of livestock whose labor was to be exploited for the greatest economic gain" (p. 82).

As a social construct, race is defined as a system of social categorization based upon skin color which has been used to establish hierarchical structure and corresponding conditions of privilege and exclusion (Pieterse & Powell, 2016). But to say that race is a social (as opposed to biological) construct is not to say that there is no biological impact. Race can be considered a significant contributor to the etiology of certain physical diseases (Kaplan, 2010). Institutional racism has been found to create disparities in health care treatment, contributing to anxiety, chronic stress, depression, and feelings of helplessness, which in a vicious cycle of comorbidity, may exacerbate poor health and increase the likelihood of death (Hofrichter, 2003; Kaplan, 2010). Similar research by Byrd and Clayton (2002) reveals a historical correlation between racial bias in African American citizenship status and racial bias in medicine and health care, including the following experiences:

- Presumptions of poor health as the normal experience for African Americans
- Racial bias in clinical decision making
- Disproportionate levels of eugenic sterilization
- Unethical experimentation
- Assignment to inferior tiers of health delivery systems

The combination of the aforementioned comprise what Byrd and Clayton (2002) refer to as "an American health dilemma" perpetuated by recalcitrant attitudes and beliefs concerning race. If this is indeed the case, it would seem only logical that, despite the possible sensitivity and discomfort of subject matter, no authentic discussion or endeavor to address holistic health in the

African American community at large, and the African American family in particular can take place without addressing the socially constructed reality of racism and its continuing impact.

In her book, *Black Pain: It only looks like we're not hurting*, licensed clinical social worker Terrie M. Williams (2008) describes her personal bout with depression as a professional African American woman, the disproportionate impact of depression on African Americans in general, the cultural pressure placed upon African Americans to avoid confessing emotional pain, "especially in front of white people" (p. 195) and the need for more scholarly work on the legacy of pain and depression left by slavery, segregation and racism. Williams' (2008) work is consistent with conclusions jointly published by the Office of the Surgeon General, Center for Mental Health Services and the National Institute for Mental Health (2001) indicating that the mental health of African Americans can only be appreciated within its wider historical context, inclusive of the institutional, cultural and interpersonal conditions by which African Americans were confined to dehumanization and generational poverty. Thus black pain is the pain of racially motivated impoverishment and the increased risk of severe depression, heart disease, diabetes, incarceration, substance abuse and lower life expectancy, often festering beneath a code of silence perpetuated by concerns about being perceived as weak or lazy (Williams, 2008). Part of Williams' (2008) expressed objective is to inspire the courage of confession and to facilitate healing through advocacy.

Based upon the literature reviewed thus far, it can be argued that defining race as a social construct brings greater responsibility upon us, for that which has been socially constructed can be socially deconstructed and reconstructed upon societal recognition and acceptance of the need for reconstruction. Transforming a biased society into an egalitarian one comes under the umbrella of the work of social justice (Adams, Blumenfeld, Castaneda, Hackman, Peters & Zuniga, 2013).

And though the larger community or societal contexts of families is generally beyond the borders of family therapists, the unique context of the African American story, arriving as slaves, subjected to legalized oppression, separated from family members, enduring black codes, segregation and post-modern microaggressions and trying to catch up with the basic comforts and securities enjoyed by fellow Americans with a three-century socioeconomic head start, virtually enlists participating mental health professionals into varying degrees of the socially constructed determinants of wellness in the African American community (Boyd-Franklin, 2003; Minuchin, 1967). In *Readings for Diversity and Social Justice*, lead editor Maurianne Adams (2013) defines social justice as *the reconstruction of biased institutions for fairness, equality and justice*. For Adams, social justice goes beyond diversity awareness to advocacy for the transformation of inequities in public policy. In other words, we might say that social justice is social reconstruction with egalitarian intentions.

To borrow an analogy often used in family systems therapy, we can say that an agent of social justice desires to reset the thermostat and facilitate similar experiences of atmospheric comfort throughout the house (Nichols, 2013). But, to stay with the family systems analogy, it could also be said that efforts to reset the thermostat from "inequality" to "equality" may be subject to negative feedback from other members of the American family who have been the beneficiaries of what they already consider to be a comfortable homeostasis. In other words, though equal opportunity may have been an American ideal from the start, the inclusion of certain demographics that were initially marginalized from the pursuit of that ideal has been an emerging praxis, a praxis that is yet developing albeit exponentially improved. Carol Anderson (2016) refers to this negative feedback as a rage of invisible violence that "works its way through the courts, the legislatures, and a range of government bureaucracies, wreaking havoc subtly, almost imperceptibly" (p.3).

The subtlety of the rage, Anderson contends, is its proclivity to "take the moral high ground" (p.3), essentially blaming the victims of a historically oppressive systemic infrastructure for what is actually the vehement resistance of the beneficiaries of the status quo to social justice initiatives. Assuming what we trust is a less provocative and more therapeutic posture than Anderson (2016), we would contend that the negative feedback from certain segments of America's historically and systemically privileged family members may be a grief reaction. We might say that to the historically privileged, equality may initially feel like a demotion or loss. Moreover, if indeed systemic, interpersonal and cultural racism still exist as they are yet reported to exist, the aforementioned grief reactions to proposed or successful advocacy initiatives for social equality could be considered as what Judith Viorst (1986) identifies as life's necessary losses, the things we must all give up [and quite possibly grieve] in order to grow. Those losses, Viorst contends, include our erroneous beliefs, illusions, dependencies and unrealistic expectations, which in the context of this writing, would include the loss of debunked theories of racial superiority and any remnants of public policies that may be overtly or covertly reflective of such. But as we shall see in the next chapter, the demands of social justice are such that the historically privileged may not be the only ones who need to be prepared for the experience of necessary losses. The historically oppressed family may need therapeutic help in losing attitudes and actions of learned helplessness, which is defined as the inability or unwillingness to avoid repeated encounters with traumatic experiences (Peterson, Maier & Seligman, 1996). As noted in previous chapters, part of the task of structural family therapists is to facilitate healthier environments by convincing family members to recognize and assume different and less problematic roles within the family (Minuchin, 1967). Similarly, as progress is made in the area of social justice, the historically oppressed must recognize and maximize opportunities made available through successful advocacy. To turn

towards such options is also to turn away from the roles and related choices of impoverished existence that were symptomatic of systemic injustice. Again, we will examine this phenomenon in greater detail in the next chapter.

In summary, this literature review serves to identify and elucidate the realities of mental health concerns within the urban African American community and the need for partnership between the pastoral and psychotherapeutic professions. However, it is the contention of this writer that the historical, theoretical and methodological distinctions of both disciplines necessitate mutual respect and communication, in as much as both professions would exercise a measure of influence in the lives of those they serve. While it is not necessary for pastors to be proficient in diagnostic categories, the ability to recognize observable behaviors that may be indicative of the need for psychotherapeutic services and the willingness to refer parishioners accordingly is important (APA, 2016). Concomitantly, through religious and cultural competence training, mental health professionals may gain not only greater appreciation for the work of the urban pastor, but may also receive an essential education in the historical and present-day socioeconomic complexities and concerns that significantly contribute to the mental health crises that are disproportionately experienced within the African American community.

CHAPTER 4

CASE STUDIES

The following case studies are the result of consensual interviews conducted by the author of this work in accordance with his studies at Gordon-Conwell Theological Seminary. In each case, it can be argued that the issues initially presented to pastors have underlying mental health crises best served by pastoral referrals to clinical care. It is also the contention of this work that the issues reflected in the following interview processes are consistent with research presented in previous chapters which reveal that poor, urban African American families contend with issues that are specific to, or disproportionately impact their race, cultural background, socioeconomic status, history and traditionally negative view of mental health services (Boyd-Franklin, 2003). In compliance with confidentiality standards, pseudonyms have been ascribed to each interviewee.

4.01 The Pain of a Single Parent

Amanda Collins was referred to me by a pastoral colleague who is aware of my studies in the field of family therapy. Amanda is a college educated, gainfully employed, divorced mother who was about to celebrate her forty-forth birthday. She has been a member of the church she presently attends for two years. She recently expressed interest in being a part of the church's mentoring ministry. Mentors were required to go through an in-house leadership training and development program. During the course of the program, Amanda began to reveal to him some challenges and frustrations regarding her personal life, some of which were traumatic. Amanda was resistant to the idea of seeing a counselor, but was willing to talk to another pastor. Basically, my pastoral colleague's questions were: Do you think Amanda needs help? If so, what type of help does she need? Would or could Amanda ever be a helpful addition to our church's lay leadership?

"I feel unfulfilled and completely frustrated. I almost want to say 'depressed,' but I prefer to say that I am frustrated. I am frustrated about my life and my purpose. I don't feel like I am doing what I am supposed to be doing with my life." In her own words, this was Amanda's chief complaint. Her words came in response to my opening statement: "Well Amanda, we know you're here by referral. But you're also here because you chose to come. So, what brought you to see me today?" Amanda continued to say, "I want to feel better; and I think that getting more involved at my church will help me." At this point it can be argued that Amanda's crisis is spiritual or existential in that it is what Victor Frankl (2006) referred to as a "search for meaning." In the immediate reality of her personal unrest, Amanda may not know that spiritual themes are woven into the everyday cultural fabric of African and African American experiences; neither may she be personally aware that looking to the African American church for help in times of emotional crises is a culturally inherited practice reaching back to the Antebellum South (Boyd-Franklin, 2003; Rabateau, 1978). Finally, she also may not be fully conscious of the fact that her distrust and aversion of licensed mental health professionals, presently a predominantly European American career field, also conforms to African American cultural norms at large, and for cultural and financial reasons, among poorer African Americans in particular (Boyd-Franklin, 2003).

Amanda described herself as feeling unfulfilled and frustrated for the past six years or so. When I asked her to help me understand what "frustrated" felt like for her, she said: "It feels alone and empty, like being in a place made of a whole bunch of questions with no answers, questions like: What am I here for? Why do I feel alone? Why am I unlovable? I have a hard time making friends. It's not that I don't know people, because I do. But beyond speaking and surface conversation, I don't feel like I fit in. And yet, I feel like I am supposed to be helping people. So I

joined the church I am attending now. I am trying to get involved, but I still struggle with feeling fully connected. I was very involved at my previous church."

Amanda's mention of her previous church stood out to me, especially since she was comparing her former and current church experiences. When I asked her to describe her previous church, she described it as her *family*, a family from which she had been "displaced." When asked to describe what led to her being or feeling displaced, Amanda described a sharp disagreement with her previous pastor over his decision to terminate the employment of one of Amanda's fellow parishioners and friends. For Amanda, their disagreement led to a trust issue. In Amanda's words: "I couldn't trust my leader anymore. He was hurting people I loved, people who were like brothers and sisters to me, and covering himself in the process. I just couldn't stay there anymore, so I left. And when I left, people stopped calling me, people I had known for years, people whom I considered to be like family."

Amanda repeatedly referred to members of her former church as "family." Certainly, the language of scripture is familial (Father, Son, children of God, heirs); so this is not an unusual occurrence. But, based upon my belief that interpretation of scripture can be unknowingly filtered through the subjective experiences of the reader (or hearer), I decided to ask Amanda about her family of origin. I learned that Amanda did not know her biological father. Her mother refuses to reveal his identity, nor would she say whether he is presently living or dead. The secrecy has been a source of contention for their mother-daughter relationship; but to date, her mother's position has not wavered. However, the greatest issue of struggle between them was Amanda's abusive stepfather, whom Amanda said sexually abused her as a young girl. He also physically abused Amanda's mother, who eventually left and divorced him, taking Amanda and her younger daughter with her (her husband's biological daughter and Amanda's half-sister). After they left, Amanda

told her mother about the abuse she experienced, abuse that she kept a secret because her stepfather threatened to harm her mother and sister if she told anyone. Amanda's role of family protector led to her feeling neglected by her mother, whom Amanda felt should have known that "something wasn't right." Amanda's mother, who was also trying to keep her abuse experience from her children, extended family and friends, insisted that she was not aware of the trauma Amanda was experiencing. Amanda's stepfather died from health complications a few years after the separation and divorce. Amanda's sister died in a house fire, after which Amanda and her mother moved in with Amanda's maternal grandmother. As soon as Amanda could legally obtain a driver's permit, she joined what is now her former church. It was at church that Amanda said, "I found the family I never had."

It was at her former church that Amanda met her husband. They were married when Amanda was twenty-four. After ten years of marriage with a series of infidelities committed by her husband, one of which produced a child, the marriage ended in divorce. But from their marriage, one child was born, a son who is now a teenager. Amanda credits her son with being "a major agent of healing" for the relationship she now has with her mother. "It's like she spoils him to compensate for what happened to me," Amanda said. But Amanda also shares custody of her son with her former husband, who has since remarried. The fact that her son has a stepparent has been a source of anxiety for Amanda, who fears that the abusive experiences of her past will be "a generational curse." Amanda describes numerous discussions and consistent communication with her former husband and his wife as helpful. But Amanda says that she still "has her moments of unease" about the situation.

When Amanda decided to leave, or from her perspective, "found herself displaced" from her former church, she spent years visiting other churches, enjoying some, but hesitant to commit to

any. Eventually, her mother invited her to the church she had been attending with her older sister (Amanda's aunt) for about a year or so. That's how Amanda arrived at her current church. Amanda, her son, her mother and aunt sat together in the same section of the church for two years. But Amanda was unfulfilled. Her decision to commit led to a desire to be more involved. She was accustomed to being more participatory in the ministries and activities of her church. She began visiting small group church gatherings and decided that the youth ministry was where she wanted to work in a mentoring capacity. She thought this might be good training ground to facilitate her desire to run her own group home or center for troubled young girls one day.

This case is more complex than the initial referral and presenting issues suggested. Beneath a relatively simple, expressed interest in church group involvement lay a search for meaning concerning a life exposed to childhood trauma (abuse, death of a sibling) and recent familial loss (divorce and disconnection from familial social enclaves at her former church). Again, it could be argued that Amanda was in need of logotherapy, the basic goal of which is to facilitate healing by finding meaning in human experience (Frankl, 2006). The idea of mentoring young girls serves multiple purposes in Amanda's search for meaning: The endorsement from the church will serve as an expression of approval from another familial social enclave (and serve notice to her former church that she had successfully moved on). She will have an opportunity to be the beloved "protector of the vulnerable" she wanted to experience during her childhood trauma. And as such, she will be needed, not only by the girls, but by the Lord's Church, which would bring divine validation to her existence.

In this writer's estimation, Amanda exhibits some features of a Cluster B personality issue, inclusive of anxiety, chronic feelings of emptiness, idealization and devaluation and black and white thinking (Friedel, 2004). Consistent with criteria in the DSM 5, Amanda's problems were

relational, beginning with an anonymous biological father and continuing to the trauma of childhood abuse, a failed marriage, pastoral idealization and devaluation and disconnect from social enclaves and de facto family at church. Her conclusions also had a devaluing finality to them that may not be reasonable or provable: I am unlovable. My [former] pastor could no longer be trusted. I was displaced. They stopped calling because they didn't like me leaving the church. I don't fit in because people don't like me. All of these were strong, judgmental statements, which can also be characteristic of persons with a Cluster B disorder (Friedel, 2004).

It is the observation of this writer that a complete intervention program for Amanda would consist of individual, family and group counseling. Moreover, the layers of issues, individual, familial, social and spiritual would necessitate professional collaboration. Each layer of treatment, received from a team consisting of an individual therapist, family therapist, group therapist and pastor would contribute to a specific area of Amanda's experience and provide an important system of checks and balances. While any of the aforementioned may be helpful alone, the complexities of Amanda's experiences really require an integrated approach. The spiritual components of Amanda's crisis that are in need of continued pastoral care have been previously addressed. But survivors of sexual abuse like Amanda are typically also in need of emotional recovery and social rehabilitation via therapeutic process (Mandel & Damon, 1989). Individual therapy would serve to address Amanda's emotional issues and to assist her in assuming the necessary measure of personal responsibility required to move forward in the best way possible should her family resist or refuse to participate in family counseling sessions. The group therapy would serve to help Amanda rebuild damaged trust capacities and thereby improve her social skills with peers. And the family therapy would serve to identify and replace ineffective or harmful systemic designs. The goal of structural family therapy is to identify and replace ineffective, conscious and

unconscious structural patterns (Nichols, 2013). Amanda's family has clearly experienced the traumatic brokenness of physical and sexual abuse. But there is also a systemic coping strategy of working through it (literally, through gainful employment and continuing education) while avoiding any discussion about it. In other words, the family is not struggling due to the absence of strategy, but the ineffectiveness or dysfunctional nature of the strategy selected and constructed. Without successful intervention, the troublesome pattern of anesthetizing familial pain with silence and the pursuit of success will be established in the next generation. In other words, uninterrupted, this structural trauma and inadequate adjustment pattern will continue to take its toll as the point of origin for a general anxiety that is the motor that drives all other behaviors (Friedel, 2004). In terms of biological paternity, Amanda literally does not know from where she has come. The potential consequences of this ignorance are not only existential in an emotional sense, but may also be medically challenging in that her genogram awareness is completely absent of paternity and stops with her maternal grandmother. And though Amanda's mother could possibly be of help to Amanda's crisis (assuming she is aware of her daughter's paternal history), Amanda's mother seemingly bears some type of pain or shame about Amanda's father that serves as her rationalization for maintaining his anonymity. And layered upon all of the aforementioned, there is the familial trauma of things lost in the fire: the loss of life (Amanda's sister), the loss of (another) home, and the loss of independence as they were forced to move in with Amanda's grandmother.

I informed my pastoral colleague of my belief that Amanda had the potential to be a helpful part of the church's mentoring group. Serving others provides many caregivers with a sense of greater purpose for their own past suffering or recurring existential anxiety (Frankl, 2006). For Amanda, this sense of purpose not only provides a present-day *raison d'etre*, but it also provides

meaning for why she survived her traumatic experiences. The caveat extended to my pastoral colleague is that he should consider continuing efforts to convince Amanda to pursue licensed therapy options. Given the fact that Amanda is gainfully employed with great health benefits, her ability to afford counseling is considerably better than poorer African Americans (NAMI, 2016). The aforementioned combined care process would not only serve Amanda well personally, but could also better equip her to serve others. In other words, the key may be to convince Amanda to envision therapy as something to help her better fulfill that which she already believes to be part of her divine calling or purpose in life. And because Amanda feels compelled to exercise her expressed purpose within a church setting, her pastor can be consulted and regarded as an integral member of the treatment team.

Again, Amanda's familial crisis is rich in historical precedents and racially motivated contexts by which generations of African Americans have been disproportionately affected. Historically speaking, in contrast to America's Western European influenced emphasis on individuals and independent nuclear families, African cultural heritage (like many Eastern cultures) has historically emphasized the importance of communal, multi-generational familial experiences. Because the well-being of the individual is contingent upon the survival of the tribe, the well-being of the tribe is the most important thing, transcending the concerns of the individual and even the individual nuclear family (Mbiti, 1970). It could be said that this communal heritage served enslaved Africans well as a survival tactic under duress. The institution of slavery destabilized African families in America for generations, separating parental dyads, children and siblings through capture and commerce (van de Berghe, 1967). In slave quarters, the practice of "taking in" persons separated from their biological families, connecting them to a de facto village as extended family members became a common and effective survival practice (Boyd-Franklin,

2003). This practice of extended family formation continued through the socio-economic oppression of segregation and still serves as a means of reciprocal emotional and economic support today (Boyd-Franklin, 2003). In essence, we could conclude that this is what Amanda is both seeking from her church and seeking to offer her church. Estranged from her biological family, she wants the village/family to take her in as their own. And in reciprocity, she wants to be allowed to take in others through mentorship. And unfortunately, this same communal support phenomenon may contribute to Amanda's mother wanting Amanda to "get over" not knowing her paternal heritage. Perhaps the fact that African Americans have adjusted to and overcome familial disruptions and voids under duress for centuries has consciously or unconsciously desensitized Amanda's mother to the importance of passing on to Amanda the knowledge of her familial lineage. Perhaps involvement in a family therapy experience that includes genogram work will sufficiently empower Amanda's mother to exchange her familial role as family secret bearer for a role as family historian. Without willingness to explore her feelings and motives, we can only theorize about Amanda's mother. Nevertheless, Amanda's church and pastor have another opportunity to be what they have been to many through centuries of African American experience. Ideally, this time, and from this point forward, church and pastor will have help from the mental health community.

4.02 Case 2: A Frustrated Pastor and A Troubled Couple

Craig and Lisa Holston were referred to the author of this writing by Robert, an admittedly frustrated pastoral colleague. As their pastor, Robert was frustrated by what he described as "the lack of sustainable, drama-free and trauma-free progress" in Craig and Lisa's marriage. "With them, it's always something. Drama seems to be their norm. They have brief peaceful episodes; but they always find their way back into trouble," he said. As our conversation continued, I learned

that Craig and Lisa were married three years ago. Robert officiated the wedding ceremony. They have two children, a four year old daughter and a two year old son. Craig and Lisa have known each other most of their lives. Their respective biological families are multi-generational members of the church Robert serves as pastor. Over the course of their yet relatively nascent marriage, the couple has experienced numerous losses of employment (mostly Craig's), several eviction threats, arrest for domestic battery and numerous pre-marital and post-marital pastoral care sessions. By the end of our lunch, I had a good amount of background information from a respected and tenured colleague in pastoral ministry. After a phone conversation explaining the student-oriented nature of my work, Lisa and Craig agreed to meet with me based upon the referral of their pastor.

Between customary greetings and presenting confidentiality and consent forms to Craig and Lisa, I explained the necessary zero-tolerance policy for physical and verbal aggression. The innately disruptive, dangerous and prosecutorial nature of physical assault must be addressed as unacceptable prior to formally commencing the interview process (O'Leary, 2004). Having all agreed to the terms, we commenced the interview process. I began our formal interview with an open question: What is it about your relationship that brings you here today?" Lisa responded without hesitation:

> "Our whole marriage is a problem. Right now, I don't think I should have married Craig. We had history. We had been there for each other in the past. We were familiar and comfortable with each other. But we were broken. One day, my pastor said in a sermon that some things are only attractive to us when we are broken. That really turned a light on for me. Craig and I were attracted to each other in our brokenness. But I'm so tired of the drama. It's just too

much, the fights, the finances, the lies. It's all just too much. So I have called a lawyer because I'm considering a divorce."

In response to the same question, Craig, whose affect during his wife's response to my question vacillated between being stoic and irritated, said to me:

"Lisa doesn't believe in me. She doesn't support me. She used to. But now she is just like everybody else-talking about me, getting ready to leave me. I can't believe she is talking about walking out when she knows how I feel about that. I'm trying to move forward in my purpose; but I can't catch a break from anybody; not her, not pastor, the job, nobody. But I don't want a divorce. I don't want my kids to feel like I feel, not seeing your parents, not knowing where your mother is, or who your father is at all. So I stayed with my mother (who is really my grandmother, but I call her my mother) for a few days so that things could cool off. But I'm home now. I am sleeping on the sofa, but I'm home. I want my family. I want this to work."

As our interview continued, I learned that Craig and Lisa shared emotionally troubling familial histories. Craig's mother battled a serious addiction to cocaine and reportedly conceived Craig with a stranger while supporting her habit. Craig was raised by his grandmother, seldom knowing where his mother was and never knowing his father. Lisa knew her father only as identified by her mother. They essentially had no relationship. Craig and Lisa used to discuss which was worse: not knowing your father, or knowing but having no relationship with your father.

Prior to marriage, Craig and Lisa's dating experience was passionate and passively volatile. Craig spent time with persons of whom Lisa didn't approve, young men who were to Lisa, "troublemakers with jail time in their future." With increasing frequency, she complained about Craig smelling like alcohol and marijuana. Frustrated by her "nagging," Craig began to see other young ladies. Suspecting as much, Lisa responded by vandalizing Craig's car on two different occasions. A pattern of impassioned disagreements, followed by impassioned reconciliations developed. During one of their more peaceful periods, Lisa became pregnant with Craig's baby. Shortly after their daughter was born, Craig and Lisa secured an apartment and moved in together. One year later, they were married by Pastor Robert. One year after being married, Craig and Lisa had a son.

When the realities and responsibilities of marriage and family settled in, Lisa and Craig regressed. Barely finishing high school and constantly between jobs, Craig returned to some previous behaviors: spending time with the crowd that Lisa didn't like and coming home smelling like what Lisa described as "weed or cigar smoke," neither of which did Lisa want around the children. Moreover, with Lisa being the sole consistent bread-winner, they were struggling under the weight of financial responsibilities. Succumbing to the stress, their confrontations became violent. During one of their confrontations, neighbors called the police and Craig was arrested for domestic assault. Craig accused the police of employing excessive force, assuming that he was the aggressor and "slamming his face into the wall while threatening him in front of his children." While out on bail with a restraining order to stay away from Lisa, Craig went to individual counseling, hoping to gain leniency from the judge when he appeared in court. In the meantime, Lisa softened her stance and refused to press charges. They reconciled after the final court appearance. A few months later, in another altercation, Lisa kicked Craig in his face, leaving him

with a black eye. No charges were filed. Lisa and the kids stayed with her mother for a while before returning to Craig.

The case can be made that Craig and Lisa have preexisting attachment issues with their respective parents. Referencing the work of John Bowlby (1982), we can identify both parties as entering into their relationship with anxious attachment tendencies. His mother's ongoing struggle with addiction and resultant absence never afforded Craig the opportunity to form a secure bond. And while Lisa's maternal attachment may be more secure than Craig's, her life has been significantly affected by what she perceives to be repeated rejections from her father. Imago therapist Harville Hendrix (2005) asserts that we have an unconscious tendency to be attracted to and marry people who are not just similar to our parents, but in whom we perceive an opportunity to address, better control or correct unresolved childhood issues. In other words, people are not only attracted to positive parental resemblances, but also to historically problematic ones. When Craig or Lisa's behaviors become reminiscent of insecure parental attachments, they employ the anxious attachment strategies employed and developed since childhood, but with more troubling, and at times in this case, violent results (Johnson, 2004).

As Susan Johnson (2004) points out, attachment theory is essentially a theory of relational trauma. To that end, it can be proposed that a diagnosis of Relational Problems (V62.81) is applicable to both Craig and Lisa in light of their trauma-induced, anxious attachment styles. Based upon the novelty and brevity of time shared with Craig and Lisa, a diagnosis of Intermittent Explosive Disorder (312.84) is being ruled out. The writer of this report is aware that the DSM 5 identifies the destruction of property and physical and verbal aggression with Intermittent Explosive Disorder. But more time is needed to assess and distinguish what is going on within Craig and Lisa individually from what is going on between them as a couple. More definitively,

with regards to Craig, there is the issue of Substance Related Addictive Disorder, namely Alcohol Related Disorder and Cannabis Related Disorder. Craig's alcohol issue is of particular importance in light of his experiences with severe abdominal pains, hospital visits, and subsequent diagnosis of pancreatitis.

It could be said that a complete intervention program for Craig and Lisa would consist of individual and couple counseling. In this author's estimation, both would benefit individual sessions with a cognitive behavioral orientation, in as much as Cognitive Behavioral Therapy has been found effective in treating anxiety, anger and substance abuse issues (McCloskey, Noblett, Deffenbacher, Gollan & Coccaro, 2008; NAMI, 2017). Craig and Lisa's behaviors are the results of unhealthy thought patterns, some of which have been so ingrained over time that their reactions have become impulsive and unhealthy behavior patterns. Those unhealthy thought patterns need to be replaced by more personally and relationally productive ones, beginning with the thought that physical aggression is absolutely unacceptable behavior in familial and social contexts. As it concerns couples counseling, I would recommend a combination of Imago Therapy, Emotionally Focused Couples Therapy and Hope Focused Counseling.

Using the Latin word for "image," Imago relationship therapy strives to heal childhood wounds as a couple working with a therapist (Hendrix & Hunt, 2005). The goals of the Imago approach would involve helping Craig and Lisa to recognize the problems and healing potential of their respective pre-existing images of a romantic partner. The problem of course is that their respective images are related to parental issues and projections that their romantic partner cannot fulfill (because he or she is not your parent). However, Craig and Lisa's awareness of the other's past parent-related pains does provide the opportunity to make issue-sensitive choices that posit them to be agents of healing for each other. Human beings are formed, deformed and transformed

by the power of human relationships (Clinebell, 1984). A good relationship can transform that which a bad relationship deformed. This principle is the good news of the Christian faith. To wit, a healthy marriage can facilitate healing from past relational pains.

The goal of emotionally focused therapy is to improve emotional attachment (Johnson, 2004). Specifically, it could be said that Craig and Lisa need to change what Susan Johnson (2004) refers to as "the music of their dance." Presently, an example of that dance begins with Craig experiencing a depressive episode due to a situational or relational disappointment (such as the loss of a job or difficulty in obtaining employment). This emotional reaction is typically accompanied by (or triggered by) verbalized or internalized negative thoughts: I can't get a break. Everybody wants to give up on me, just like my mother. Such thoughts then serve to justify unhealthy efforts to self-medicate (late nights outside the home, alcohol, marijuana, et cetera). In turn, Craig's absences and substance abuse issues raise Lisa's anxieties. Often being the gainfully employed, consistent income producer (in addition to mother), Lisa feels overwhelmed, as though she is once again giving more and more of herself in hopes of making the relationship work-just as she did with her father. In the absence of healthy communication skills, expression is delayed and feelings are repressed, resulting in damaging outbursts. Frequently surprised by the potential severity and length of impending repercussions (such as arrest and imprisonment) Craig and Lisa eventually reconcile and work together against the common adversity to their present way of living. But without sustainable intervention, the same song and dance soon resume.

Hope focused therapy strives to help couples recognize and pursue possibilities for healthy change (Worthington, 1999). The problems in Craig and Lisa's relationship are clear. But perhaps a family vision statement could motivate Lisa and Craig to adjust their behaviors in pursuit of the goals they are trying to attain. Moreover, the pursuit of healthy yet challenging household goals

can push them in ways beyond the boundaries of managing passions. For example, some of Craig and Lisa's marital troubles have socio-economic triggers. Yet, finding gainful employment in the crowded and competitive field of general labor can be frustrating. To fulfill the vision for a happy home may require Craig to consider pursuing additional training and even college studies. Similarly, Lisa may need to find a way to finish the collegiate pursuits she quit years ago to be with Craig. And of course, accomplishing any of the aforementioned presupposes life and health, the vision of which can serve as the impetus for seeking help with the abuse and addiction issues that have plagued their marriage and family.

Given our time restraints, Craig and Lisa's familial crises were too layered and numerous to exhaust every evident and prospective area of concern. But Craig's accusation that the police used excessive force with him in front of the children was chosen as a focus because it alone contained multiple angles of potential relevance. First of all, exposure to domestic violence can have significantly negative effects on children, inclusive of aggression, avoidance, depression, emotional avoidance, insomnia, post-trauma ruminations and low self-esteem (Carter, Weithorn & Behrman, 1999). Secondly, there was the issue of possible systemic injustice, a phenomenon that has historically and disproportionately impacted African Americans. Craig was making his accusations at a time when altercations and allegations between young African Americans and police officers had recently occurred in several American cities, including Baltimore, Maryland and Ferguson, Missouri. In addition to being high-profile and emotionally evocative cases, subsequent federal investigations concluded that racism was an influential presence in the policing practices of both cities (U.S. Department of Justice, 2015; U.S. Department of Justice, 2016). So in listening to Craig, one might find it quite normal to at least consider whether much larger institutional factors were present. And at the same time, notwithstanding the realities of real and

perceived systemic racism, the possibility that Craig might be using well-publicized accusations against the police to unjustly vilify "the system" and avoid or excuse his personal underperformances also needed to be considered. In other words, it is quite possible that like many urban African Americans, the combined longitudinal effect of racism and poverty has nurtured within Craig a tendency to attribute more of his fate to external sources of systemic evil, blocked opportunities and institutional barriers than personal actions and agency (Hughes & Demo, 1989). Finally, there may also be a measure of truth to all of the aforementioned. We could say that the complex nature of such considerations and the accompanying possibility of multi-layered points of intervention might be common for the pastor-therapist team working with poor urban families.

4.03 A family meeting. The second and final meeting with Craig and Lisa included their children and Lisa's mother. Per Pastor Robert and Craig, Craig's extended family was unwilling to participate. Craig's mother still wrestles with drug addiction. His grandmother, who essentially raised him was reported as saying, "Craig is a grown man now. I raised him as well as I could under the circumstances." All participating adults were informed or reminded and agreed to the zero-tolerance policy regarding physical and verbal aggression. Because of the potential dangers, few family therapy programs include the abusive party (Carter, Weithorn & Behrman, 1999). But in this case, the aggression was reciprocal. This being the case, the meeting was divided into three twenty minute sessions, first with Lisa and the kids, then with Craig, and finally with everyone.

In the meeting with Lisa and the kids, Lisa described the events leading up to Craig's arrest as "a normal late afternoon." She had come home from work and started preparing dinner. The children were watching television and Craig was expected to arrive any minute. An hour later, Craig came in "with an attitude." He told Lisa that he had been "let go" from his job. Concerned about Craig and some pressing household financial obligations began to ask questions: "Why?

What happened? How will we pay the rent that is due?" Increasingly irritated by the combination of Craig's avoidance and unsatisfactory explanations, Lisa followed Craig around the apartment and found herself "in his face," threatening to leave him "for good this time." Craig pushed her back and used the distance to try to exit the room, knocking over some table decor in the process. Lisa grabbed Craig by his back of his shoulder, trying to turn him around. Craig spun around and struck Lisa in the face as he yelled, "Get off me." Lisa countered by throwing a framed picture that was on a table at Craig, missing him and striking the wall. When the police arrived at the door, Craig answered and told them he was about to leave. One of the officers told him not to leave yet because they were responding to a neighbor's complaint about possible domestic violence. When Craig tried to leave anyway, he was restrained by the police officers. His resistance intensified the altercation and Craig was handcuffed and taken into police custody. Lisa's daughter, whom we shall call "Jane" had a considerably more concise account: "The police came and got Daddy because he hit Mommy," she said. Stating that her temper "got the best of her and caused her to mishandle the situation as well," Lisa refused to press charges. Upon Craig's release, they apologized to each other, prayed about it, went to church the next Sunday, met with Pastor Robert about it and moved on with the conviction that they had learned the lesson.

The day of the arrest, prior to coming home, Craig was fired for what was described to him as "a history of poor performance, lateness and absence." In our one-on-one meeting, by Craig's account, he spent the day before in the emergency room of a hospital because his "pancreatitis had flared up." His stomach pains were so intense that he didn't have time to call his job, neither did he want Lisa to know, fearing that "she would get all hyper and overreact." When he went to work the next day, his supervisor was "insensitive" and told him that he was being let go. He spent the rest of the day hanging out with friends because he didn't want to come home to a whole lot of

drama. He would eventually get another job. But when he came home, Lisa was "on his back, nagging and getting on his last nerve." Craig said that he "had to" push Lisa to get out of the corner in which he found himself and make room to leave. When Lisa spun him around, Craig "swung on instinct," striking her in the face with an open hand. Regretting what had happened and embarrassed by the looks from his daughter and son, Craig was preparing to "go cool off" just when the police arrived. The police "just assumed it was him causing the trouble." Seconds later, he was being "violently" spun around by one of the officers and handcuffed as his face was pressed into the wall by the other officer's hand. As he tried to explain himself, one of the officers "cussed at him and told him to shut up." After he was released, he stayed with a friend for a while. A father figure at his church paid for him to go to a couple of counseling sessions before his final court appearance, hoping that it would help Craig receive leniency. "It all worked out, because Lisa decided not to press charges," Craig said.

In our final session, for observational purposes, the family was allowed to enter the office and be seated at will. Lisa's mother, to whom we will refer as Grandmother, took the sofa, joined by both kids. Craig and Lisa sat next to each other in two individual chairs, facing Grandmother on the opposite end of the semicircular arrangement. I sat in the middle to serve as the interviewer. Grandmother was the most assertive personality in the room. Her frustrations were clear:

> "I want Craig and Lisa to get themselves together for these children. I love my grandchildren and don't mind being there for them. But I feel like I have four children now. I raised my one and gained four. I want to go out. I am only in my forties. That is young enough to date and even get married. But I'm still raising children when I should only be spoiling grandchildren. And I'm tired."

Repeated efforts to shift the matriarchal dominance in the room were met with resistance. Lisa, who had been fairly expressive previously, seemed to parallel her two year old son in silence. Craig returned to slouching in his seat, accompanied by his combination of stoicism and concise responses. Jane was the only one who looked comfortable, swinging her dangling feet as she sat, holding her grandmother's hand.

4:04 Diagnostic impressions. This family needs restructuring. They do not lack structure. The existing structure is troublingly inadequate in that it infantilizes Craig and Lisa (as evidenced by their violent temper tantrums) and elevates "Grandmother" to the roles of dominant nurturer, provider and disciplinarian. Minuchin (1967) identified the phenomena of an executive functioning maternal grandparent, peripheral paternal figures and non-evolved, immature parents as the dominant, albeit problem-prone structural pattern of poor, African American families in particular. As it specifically concerns Craig and Lisa, the generational component to this problematic structural pattern may indeed be too normative for them to realize how they have assumed roles passed on to them via childhood experiences. With an absent father and drug addicted mother, Craig was raised by his grandmother, a fact which most likely makes it both easy and normative for Craig to assume a peripheral role in his home. Lisa, who has also experienced paternal neglect is on a path that without effective intervention, will quite possibly lead to her children reliving her painful childhood with an emotionally distant father. Young Jane and John are already witnesses to their father's alternating responses of emotionally checking out and physically lashing out.

For numerous reasons, Craig needs to assume a greater and more consistent role as the family provider. American culture still considers the role of breadwinner for the family a fundamental responsibility and virtuous characteristic of masculinity (Boyd-Franklin, 2003). The challenges

and inability to do so that disproportionately affect African American males is a chronic source of frustration and increases the temptations of misplaced aggression via criminal activity, domestic violence and self-destructive behaviors (Boyd-Franklin, 2003). Craig's new role as providing nurturer could also help redefine unhealthy definitions and images of masculinity and paternity for Lisa. In classic Imago therapy form, Lisa's frustrations and violent demonstrations may reflect her feelings of failure in her subconscious efforts to "fix" the traits in Craig that were reminiscent of her father's "brokenness" (Hendrix & Hunt, 2005). And finally, Craig's new role would not only redefine Lisa's role in the family, but it would redefine "Grandmother's" role as well. Her present role as day-to-day executive decision maker would quite possibly become that of the peripheral family matriarch.

The need for role restructuring is great, yet it is not necessarily an easy task. Craig and Lisa face significant socio-economic challenges, challenges too layered and time consuming for pastoral care alone, thus Pastor Robert's frustration. Craig and Lisa were raised in a culture of poverty, which is to say that they were raised in an environment that lacked a variety of resources, including, but not limited to financial, emotional, educational and familial resources (Payne, 2005). To an extent, in a compensatory sense that is the survivalist instinct of poverty, Craig and Lisa, like their parents before them, have learned to exist in this culture, structuring their lives accordingly, perhaps albeit unconsciously. Paradoxically, it can be said that exposure to another way of living has both awakened their ambitions and exposed their unpreparedness for the lifestyle to which they now aspire. They have multiple means of exposure to middle class values, including their pastor, other members of their urban, African American but somewhat socio-economically diverse church, school and work expectations and possibly even media images. But such exposure is also episodic in relation to the day-to-day realities of poverty that has influenced their decision

making for most of their lives. Craig and Lisa now have the awakening ambition for a middle class lifestyle, which to a degree, they have begun to pursue, now married with two children and an apartment. But they are building upon a poorly resourced foundation. Craig and Lisa may not even be aware of how typical their experience is among historically poor African Americans, neither may they know the powerful forces against which they struggle. Even today, one reality of America's history of struggle with institutional, cultural and interpersonal racism is that life for many African Americans who aspire to experience the basic American Dream is a life that must be lived in two worlds. Living comfortably and successfully in both worlds is a skill best mastered if nurtured and learned early in life. Moreover, both resident and nonresident fathers have a significant role in developing this essential survival skill in their children (Thomas, Caldwell & De Loney, 2012). Like a disproportionate number of African Americans before them, Craig and Lisa have grown up in the vortex of what DuBois (1989) called "double-consciousness" without the fulcrum of paternal presence. In both cases it can be argued that this unfortunate absence has taken a toll upon their self-esteem. But in Craig's case in particular, there may be a heavy toll paid via a lack of self-efficacy or ability to be accountable and responsible for his own success. As Craig's interviewer, it at times became evident that Craig "just didn't get it" in terms of being terminated for poor accountability or his pastor's frustrations with his lack of sustainable progress. In his "man-up and be tough" world of poverty, improvisation, living in the moment, adjusting to crises, schedule interruptions and relative time schedules were all normative. And the cultural ethos of "helping each other out" that was so essential to enslaved and oppressed generations before him, and remains an expression of affection within impoverished African American communities, does not transfer into the competitive, personal performance oriented and results demanding world of corporate America. But if Craig and Lisa are going to break the cycle of

poverty and volatility that grips their family, they must receive and respond to an intervention process that restructures their lives and familial roles for success in the "double-conscious" world that is the healthy African American experience.

In summary, we have reviewed two cases which illustrate the need for collaboration between pastors and m4ental health professionals. Both cases were initially presented to pastors by their parishioners. Both cases had significant familial and systemic layers beyond the time and training restraints of the pastor, prompting recommendations for psychotherapeutic intervention. And though unrelated and unacquainted, the strengths, struggles, resiliencies, socioeconomic complexities and familial structures of both families not only bore resemblances to each other, but were also consistent with the observations of mental health theorists and clinical research findings identified in previous chapters. Based upon this consistency, the writer of this work contends that the goal of increased partnership between pastors and mental health professionals has a firm foundation upon which to build.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

It should be reemphasized that those who agreed to be interviewed by the author of this work were motivated to do so by pastoral referral. Consistent with an observation made in the first chapter concerning relations between the urban African American community and the mental health professions, contacting a counselor or therapist (or in this case, a student of the counseling disciplines) was not the instinctive response of the individuals or families interviewed for this work. Indeed, in Amanda's case, it can be said that her consent to participate, at least initially, was primarily motivated by the fact that she was meeting with another pastor. The fact that it was a pastor with some training in therapeutic disciplines made minimal impact upon her willingness to participate. And Craig's self-reported experiences with counseling were not only of questionable consistency, but were also self-admitted attempts to lessen if not completely avoid legal proceedings. Wanting to avoid prosecution is not the same as acknowledging debilitating emotional issues and pursuing the help necessary to be a healthier person. If indeed our interviews were the genesis of the latter with Craig and Lisa, pastoral referral proved to be essential to the pursuit of the healthier occurrence. We would argue that this interceding role of the pastor in both interview processes is paradigmatic for addressing the mental health needs of the underprivileged and underserved African American community at large.

As is the case for African American culture at large, one possible reason for Amanda, Lisa and Craig's initial reluctance towards the counseling disciplines is that there is still a stigma in the African American community associated with receiving mental health care. Another possible reason for reluctance is that African Americans tend to be more tolerant of psychological distress (Blank, Mahmood, Fox & Guterbock, 2002). It can be argued that the increased pain threshold that

is characteristic of the culture is the result of conscious and unconscious endurance and survival strategies not only acquired and employed under oppressive experiences, but also passed on through various cultural processes to successive generations. Thus we note that Amanda's aversion to any resemblance of a counseling setting and eventual compromise were variations of her mother's absolute refusal to do the same concerning her own traumatic experiences. Again, it was the mediating role of the pastor that bridged the chasm of misperception and mistrust to bring persons together who most likely would not have acquaintance otherwise.

The religious traditions and trans-generational reliance upon the church for emotional support that is woven into the tapestry of African American culture means that families like those of Amanda, Craig and Lisa bring a considerable amount of systemic, intergenerational and interpersonal issues with them into the offices of their respective pastors. This being the case, the author of this work would contend that this multi-layered workload is too much for the pastor to single-handedly facilitate maximum levels of sustainable improvement in the lives of his or her parishioners. This fact is demonstrated in both the request for assistance from Amanda's pastor and Pastor Robert's self-described Sisyphean frustrations with Craig and Lisa. The author of this work would thereby contend that pastor-therapist partnerships benefit all parties involved. Through partnership, the pastor, who is compelled in many parish settings to wear multiple administrative hats, may lessen his or her risk of experiencing burnout. The therapists would receive access to a largely underserved populace and increased opportunities to do what they were impassioned and formally trained to do as helping professionals. And preeminently, the parishioner-clients would have greater opportunity to receive the specialized care they need.

5.01 A Theology of Mediation

Mediation is a crucial component of Christianity; it is not an afterthought, neither is it optional. From the perspective of Christian faith, our lives depend upon the intercessory, mediatory role of Jesus that empowers healthy relationship between humanity and God the Father (Romans 8:31, Ephesians 2:13-14). And while pastors certainly are not the Christ, they do embrace the adjectival title "Christian," which is to say, "Christ-like," or "following Christ's example and teachings." It can therefore be said that as Christian leaders, pastors are to be heirs and witnesses of what the apostle Paul described as "the ministry of reconciliation" (II Corinthians 5:18). Embracing this role as "ministers of reconciliation" affords pastors a considerable opportunity to bridge the gap between the church and the mental health profession (Gibson, 2013). Again, it can be said that both pastors in our interview process assumed mediating roles.

Although the need for partnership with qualified therapists is great, it can yet be argued that from a Christian perspective at large, and within the African American Christian context in particular, the need for "qualified therapists" means more than possessing professional licensure. As Robert Roberts (1997) has observed, our Western culture is a culture filled with multiple vendors of mental health options and conflicting explanations with regards to the etiology of human problems and necessary treatment plans. In other words, we could say that the mental health disciplines are not united in how to best solve human crises. Like religion, psychology too has various "denominations" and proposes varied paths to well-being, some of which can be regarded as atheist, secular or godlessly humanistic in their perspective. Similarly, Christian psychiatrist John White (1982) advises mindfulness of psychology's tendency to "infringe upon godly counsel" (p. 59). For White (1982), the infringement risk is an expression of the humanity of a mental health professional whose zeal for their specific path to wellness prompts them to

proselytize in competition with the pastoral caregiver. In doing so, the mental health professional becomes more religious than professionally appropriate or scientifically motivated (White, 1982). Because of the potential risks of such conflict, a great deal of the histories of modern psychology and Christian theology occurred independently and perceivably, irreconcilably until the mid-1950s (Powlison, 2001). It can be argued that these facts present a conundrum for the Christian pastoral leader who desires to provide the best spiritual care to his or her parishioners. Indeed, at times, it may be in the best interest of the parishioner to be referred to a therapist. At the same time, the arrogant or zealous therapist can compound the presenting issue of the parishioner with spiritual conflicts. Pastoral concern about these possibilities is inherent in the pastoral vocation. In fact, it can be argued that safeguarding parishioners against such risks is an inherent component of pastoral obligations and can be illumined via the analogous biblical roles of the pastor as shepherd (or undershepherd) and as a spiritual parent.

5.02 The Pastor As Shepherd/Undershepherd and Spiritual Parent

The role of a pastor is etymologically related and scripturally analogous to that of a shepherd, which in turn, associates parishioners with sheep. And there is Biblical support for the argument that watching, leading, feeding and guarding the sheep from predators are fundamental duties of the shepherd and undershepherds. In the Old Testament, the inspired prophet Jeremiah (Jer. 3:15), tells Israel that God will give His people pastors to "feed them with knowledge and understanding." During the birth of Jesus, the gospel writer Luke describes heavenly hosts who visit shepherds as they were watching their flocks (Luke 2:18). In John's gospel, Jesus described the protective, self-sacrificing characteristic of a good shepherd (John 10:11). And again in John's inspired gospel, Jesus' post-resurrection charge to Peter is to tend and feed His sheep (John 21:15-17). When the combined sobriety of these pastoral charges is juxtaposed and contemplated in light of the

aforementioned marketplace of mental health theories and what Roberts (1997) refers to as the pulpit and pew seducing potency of pop psychology, the author of this work recommends that pastors do more than issue a non-descript statement to a member in his or her office to simply go see a counselor. From a Biblical perspective, to do so may be tantamount to pastoral negligence. Thus it is the recommendation of this author that pastors not be embarrassed or reserved in living up to the Biblical charge of feeling a sense of accountability and responsibility for the "diet" of those they have been charged by faith to serve as shepherds, or undershepherds of Christ, the Good Shepherd (John 10:11). In applied context, this means researching and developing professional relationships with Christian counseling agencies that embrace the reality of the pastor's continuing roles as para-therapist and ongoing shepherd. As it concerns qualifying for pastoral referral, this ability to respect the role of Christian conviction and pastoral presence in the life of a client should be regarded as an essential qualifier that incorporates and transcends licentiate state requisites. Based upon meeting this standard beyond the state standard, pastors can prepare a working list of recommended counseling options and empower parishioners accordingly. Of course, while it is ultimately the decision of the parishioner to honor or decline the pastoral recommendation, it is the pastor's responsibility as shepherd to furnish a recommended "menu" for the "sheep" entrusted to his or her spiritual care.

In addition to the shepherding analogy frequently used in scripture, the Pauline epistles in particular use parental analogies in matters of pastoral care. Paul describes Timothy and Titus as "true" sons in the faith (I Tim. 1:2, Tit. 1:4). He also writes to the church at Corinth that he has birthed them and parented them through the gospel (I Cor. 4:14-17). Let's consider what Paul writes in this way: Even as God, our Heavenly Father uses natural parents as vessels of biological parenting, so too does God do in terms of our spiritual rebirth and development. The parental

charge includes affirmation, correction and protection from negative or contrary influences (Gal. 1:6-8, 3:1 & Tit. 1:10). The charge also includes referring approved, competent instructors and role models like Timothy, whom Paul sent to the church at Corinth, and Titus, whom Paul assigned to the church in Crete (1 Cor. 4:17; Tit. 1:10). Perhaps the most poignant example of Pauline distinction between parental and tutorial, specialized, or in the applied context of this writing, professional influences is found in 1 Corinthians 4:14-15:

> I do not write these things to shame you, but as my beloved children, I warn you. For though you might have ten thousand instructors in Christ, yet you do not have many fathers; for in Christ Jesus, I have begotten you through the gospel.

From a spiritual or faith perspective (which is a pastor's perspective), it can be argued that holding instructors accountable is a parental responsibility, even as instructors may have occasion to do the same should there be suspicion of parental abuse. It can be said that this mutual accountability creates a healthy degree of tension by design, which should illumine the need for communication between the parties empowered to influence the life of the "child." The physical presence and influence of the instructor (or in this case, the therapist) is temporary, seasonal and under some conditions, perhaps encyclical or recurring. And albeit intimate, it can be argued that the tutorial or therapeutic relationship is one defined by professional intimacy, often one-sided in self-disclosure and vulnerability. In contrast, the relationship between pastors as spiritual parents and parishioners as spiritual children, albeit professional, has a significantly different degree of intimacy. The therapist may help the client process thoughts and feelings after the celebratory or traumatic moments in their lives; but the pastor-parent is often in the moment, officiating weddings, funerals, graduations, hospital visitations, familial losses, tragedies and triumphs. We

would argue that this role as spiritual parent obligates the pastor to make referrals with the awareness that he or she occupies a familial role that has the potential to continue over the lifespan of the individuals and families he or she serves. Well after the relationship with a therapist has terminated, the pastor-parent is Biblically charged to continue, in this case, either building upon or dismantling the spiritually edifying or harmful work of the therapist. As is the case with the pastor-shepherd analogy, so too does the pastor-parent analogy imbue the pastor with a proactive responsibility to identify therapists or counseling agencies with whom they have developed a professional and relational comfort to entrust them with the mental health of their spiritual children. Once again, it is ultimately the decision of the parishioner to honor or decline the recommendation of their spiritual parent; but it is the responsibility of the parents to exhaust every effort to provide a healthy environment and healthy opportunities for the growth of their children.

Thus far, we have considered the marketplace of psychology, the plethora of counseling options available and the seductive nature of pop-psychology in our cultural setting. We have also identified responsibilities assigned to pastors based upon the Biblical analogies of pastors as shepherds and as spiritual parents. We would now propose that these observations and recommendations are based upon principles reflective of the Kingdom of God, and as such, transcend the limitations of human social constructs. But in as much as we have presented data in the preceding chapters to identify race as a human construct that has predisposed people of color to disproportionate experiences in socio-economic oppression and poverty, it can be argued that persons pastoring within urban, underprivileged African American communities have to look for additional qualifying standards when developing referral relationships. Beyond professional state licensure and spiritual sensitivity, there is what can be called a burden of care, or a burden for ministry. In order for therapeutic work within the African American church community to become

a more common occurrence a concerted effort from the prospective partnering therapist is necessary to avoid becoming (or being perceived as) another agent of what John McKnight (1996) calls "a careless society." Such a society, McKnight (1996) contends, is a counterfeit community that overemphasizes professionalism and undervalues compassion, concern or empathy at the expense of failing to build or sustain healthy communities. Based upon McKnight's definition, we could argue that therapeutic services which are absent of cultural sensitivity, cultural knowledge (i.e., familiarity with the movies and music) and empathetic concern for the layered issues of a historically oppressed and disproportionately distressed demographic will do little to build or strengthen healthy partnerships in the underserved, underprivileged African American faith community.

As it concerns families like those of Amanda and Craig and Lisa residing in urban areas of cities across the United States, what does "caring" look like? The author of this work would agree with the observations of Boyd-Franklin (2003) that working with such families requires a therapist who is willing to care enough to help Craig and Lisa interact with the numerous agencies that regularly involve themselves in the experiences of poor African American families, namely the courts, housing offices, police, child welfare, unemployment and health care institutions that can help or hinder the empowerment process. Though this multi-systems approach contains macro-approach assignments that are traditionally assigned to social workers, Boyd-Franklin (2003) argues that the need for such an approach is common and requisite for family therapists who plan to maximize the efficacy of their work with poor African American families. In fact, portions of Boyd-Franklin's recommendations for training family therapists resemble assignments traditionally ascribed to social workers:

It is important that new therapists, especially those from middle-class backgrounds, who will

be working with poor families, be taken to visit and see the communities where their clients live. In the treatment of African American families, particularly extended families, the willingness of therapists to make home visits can be crucial (p. 325).

It can be noted that the recommendation cited above, a recommendation affirmed by the author of this work, reflects the ideological development of family therapy from the seminal, exploratory days of pioneer Salvador Minuchin (1967). Whereas in *Families of the Slums* (1967), Minuchin describes an almost surprised sense of being pulled into the larger societal systems by which his clients were being impacted, decades later, Boyd-Franklin recommends that anticipating and engaging such experiences be incorporated into the normative pedagogical experience for those preparing to serve poor African American communities. Moreover, this applied practicum approach also seems to affirm and facilitate the experiential approach to understanding the continuing costs of racism and racial trauma upon poor people of color (Alvarez, 2016). Maximum effectiveness apparently urges the therapist to possess some empathetic sense of what it feels like to live as the marginalized. Such experiences can be uncomfortable because of their capacity to render one conscious of one's own socioeconomic and race-related attitudes, contexts, contrasts and disparities (Boyd-Franklin, 2003). But such empathy is essential to the efficacy of therapeutic relationship. To reframe the combined the ideas of McKnight (1996) and Boyd-Franklin (2003) and Alvarez (2016) within the vernacular of the Christian faith, it could be said that the family therapist should regard his or her role in the partnership as a form of ministry, even as the pastor regards a degree of his or her role in the partnership as para-therapeutic.

Based upon interview experiences described thus far, the recommendation of this writer to pastors serving in urban contexts is to assume a proactive perspective in developing a mental health

partnership and referral program/ministry. Having strategic plans and procedures in place may prove to be of great help in times of natural disasters (like the aforementioned Hurricane Katrina), family tragedies (unexpected deaths and injuries) and interpersonal crises (debilitating marital, sibling or parental-child conflicts). But we would strongly contend that the establishing of appropriate professional partner relationships and adequate planning and protocol takes time and should be done ahead of time. To assume this proactive approach constitutes a significant ministerial paradigm shift from a reactive, crisis-induced relationship with mental health professionals to a proactive and crisis prevention based partnership. With this paradigm-shifting goal in mind, the essential question is this: Where might the pastor who desires to partner with mental health professionals begin the process? The author of this work would contend that there are numerous agencies of potential assistance. While the information provided below does not constitute an endorsement of any particular agency, it is the intention of the author of this work to inspire and inform pastors who recognize the need to formulate formal ministerial auxiliaries, policies, and referral resources to better serve the mental health needs of their parishioners. To that end, the formulation process might begin by consulting organizations like the following:

- National Alliance on Mental Illness: The National Alliance on Mental Illness (NAMI) defines itself as a national association of state organizations and local affiliates specializing in grassroots, community-based mental-health awareness programs. The identified goals of NAMI are education/awareness, advocacy and referrals. While it is true that mental health is a ubiquitously human concern, NAMI reports that unmet needs and various socioeconomic barriers render African Americans susceptible to untreated mental illness. NAMI presently reports that seven percent of its clientele is African American (NAMI, 2016).

- Mental Health America (MHA): Mental Health America identifies itself as a community-focused organization that collaborates with scientists, practitioners, policy experts and community leaders concerning prevention and wellness. MHA reports conducting 3,000 mental health screenings daily, providing expeditious results, education resources and referrals. MHA reports a correlation between socioeconomic challenges and mental health. According to MHA, the historical adversities of slavery, sharecropping, and race-based exclusion from health, educational and socioeconomic resources still impact African Americans today via disproportionate experiences of poverty-related traumatic experiences. Notwithstanding the progress made over the years, MHA contends that racism continues to impact the mental health of African Americans (Mental Health America [MHA], 2016).
- Christian Health Care Center (CHCC): Affiliated with the Reformed Christian tradition, Christian Health Care Center describes itself as a provider of individual, family and group counseling with sensitivity to Christian values. Of particular interest to pastors in general, but specifically for those serving in African American contexts may be CHC's efforts to combat social stigmas associated with mental illness that hinder persons from pursuing help. Although it is not a national organization (located in Wyckoff, New Jersey), pastors gathering information to develop referral ministries within their local contexts may yet find paradigmatic inspiration via efforts as minimal as a website visit (Christian Health Care Center [CHCC], 2016).
- The Association of Black Psychologists (ABP): Founded in 1968, the expressed goal of the Association of Black Psychologists is "to have a positive impact upon the mental health of the national black community by means of planning, programs, services, training and

advocacy…to address significant and under-addressed issues impacting the African American community." (www.abpsi.org/about_history.html). ABP describes its approach as one that focuses on developing the communal self, which is to say, the sense of self that is conscious of itself in relation to its interconnectedness. This development of the communal self, ABP contends, is both a core value of African culture and essential to mental health (Association of Black Psychologists [ABP], 2016). It is the recommendation of this writer that pastors and therapists serving African American congregations visit the ABP website (www.abpsi.org) to affirm and/or facilitate greater awareness of the African-influenced contexts of African American culture. It is the conviction of this writer that multi-cultural awareness and competence can reduce the risk of misjudging and mishandling that which is culturally distinct as inferior or dysfunctional.

- The Renaissance Center: Located in Baltimore, Maryland, the Renaissance Center is the Mental Health Outreach Center of Morning Star Baptist Church (Renaissance Center, 2011). Staffed by NBCC (National Board of Certified Counselors), ACA (American Counseling Association), AACC (American Association of Christian Counselors) and NASW (National Association of Social Workers) certified and state licensed personnel, the Renaissance Center describes itself as committed to partnering mental health services with the apostle Paul's admonition for transformation via "the renewing of your mind" (Romans 12:2). If additional help is needed, Renaissance Center personnel will make referrals to other organizations with whom they have a relationship. The Renaissance Center is the primary agency with whom the author of this work partners and refers parishioners. However, readers of this work can probably find similar organizations within their respective areas.

The aforementioned list of agencies does not profess to be exhaustive. The intent of this writer is simply to facilitate a thought process that facilitates the desired perception shift. The diversity of African American experience, theological perspectives, church governance practices and ministry settings are such that each local pastor will need to assume the responsibility of customizing these general recommendations to best accommodate his or her pastoral assignment.

5.03 Creating a culture of receptivity through Christian education. Once a pastor has found a mental health agency (or agencies) with whom he or she is comfortable partnering for parishioner referrals, the author of this work recommends that the pastor develop and commence a pedagogical process to facilitate a culture of congregational receptivity to mental health care as a viable option for people of faith. It can indeed be argued that the pastoral role of "equipping the saints for the work of ministry" and "edifying the body of Christ" as Christian educator has therapeutic implications in that it nurtures and facilitates a developmental and maturational process (Ephesians 4:11-14). Charles R. Foster (1994) describes this corporate educational process as one in which attitudes, knowledge, skills, habits, sensibilities and perspectives are transformed to serve the kingdom of God with greater efficacy. Such corporate reconfigurations are not guaranteed to be easy, which is precisely why the educational process should be well planned, progressive and accompanied by the appropriate measure of pastoral patience. Foster (1994) proposes that educating a congregation consists of preparation, engagement and mutually critical reflection. For the remainder of this work, let us consider how each of these phases might look within the context of reconfiguring an urban African American congregation for increased trust and partnership with mental health professionals and communities.

Phase one is preparation. It can be said that the preparation phase may be the lengthiest phase because it establishes the foundation upon which all else will be built. Foster (1994) identifies the

preparation phase of Christian educational process as a "move from ignorance, incompetence and naiveté to familiarity and eventually, competence to freely and fully participate in the new paradigm as the norm" (p. 46). Applying Foster's definition to our purposes, our objective could be described as the cultural transformation of an urban, poor (which is to say under-resourced) church body from a state of ignorance, mistrust or naiveté about mental health (and the preventable or treatable suffering related to such) into a state of greater recognition of mental health concerns and receptivity to mental health care options as normative praxis within Christian contexts. Recommended ways of achieving this goal are preaching and teaching, liturgical inclusion and artistic expression.

In as much as preaching and teaching are among the principal biblical charges to pastors (Jeremiah 3:15, II Timothy 4:2), we would recommend that pastors honor this charge and use the influence allotted to them to raise awareness about the presence of mental health issues in the scriptures. As Christian psychiatrist John White (1982) has observed, there are numerous scriptures that address mental health concerns, addressed at times in subtle ways that may need to be highlighted and expounded upon for laity. The Genesis narrative describing the Fall of Adam and Eve reveals emotional issues of fear, shame and altered relations (Genesis 3:10-16). After a debilitating mental health situation causes the Babylonian king Nebuchadnezzar to live like a wild animal for seven years, he later testifies of having experienced a return to sanity (Daniel 4:34). During the reign of Israel's king Saul, David flees to Gath, pretends to be mentally ill and convinces the Philistine king Achish of the same (I Samuel 21:12-14). Jesus casts a demon out of a boy whose symptoms include neurological seizures and suicide attempts (Mark 9:14-29). And upon hearing the testimony of the apostle Paul, the provincial leader Festus tells Paul that too much studying has driven him crazy (Acts 26:24). Any of these scriptures can be included among others

deemed relevant by pastors to acknowledge the awareness of mental health concerns in the biblical world.

Engaging more of the urban, underprivileged African American community in professional mental health care processes is a target-specific goal that may require culturally relevant homiletics and target-specific Judeo-Christian pedagogy. As noted in previous chapters, authors Rabateau (1978), Thurman (1967) and Felder (1989) have observed that the ability to "see oneself" in biblical narratives has been an essential source of inspiration and strength for African Americans for centuries. Given the negative impact of institutional, social and interpersonal racism on the mental health of people of color, a liberation hermeneutic that addresses the psychological components of Israel's history as a people repeatedly engaged in emotional liberation experiences may also be helpful to pastoral efforts to raise mental health awareness. It can be said that such examples are plenteous, including, but not limited to:

- Consideration of Israel's liberation from Egyptian oppression and the psychological phenomenon that Erich Fromm (1941) describes as an anxious urge to "escape from freedom:" Indeed, the conclusive Red Sea victory was celebrative (Exodus 15). But the wilderness journey to liberation as socioeconomic empowerment (and the responsibilities inherent in such) raised anxious temptations to return to Egypt (Exodus 16:3; Numbers 14:14).
- Consideration of the losses experienced by David and his men at the hands of the Amalekites in Ziklag, an experience that traumatized entire families and triggered misplaced grief via the consideration given to stoning David (I Samuel 30:3-6): This narrative could be used to inspire consideration of correlations between violence, familial trauma and feelings of utter hopelessness inflicted upon a community and subsequent

violence inflicted upon others within that same community as self-harming expressions of misplaced grief.

- Consideration of emotional processes in the post-Babylonian exile liberation and reconstruction challenges faced by Judah via legislative setbacks and interpersonal adversities: It can be argued that like the African slave experience, Judah's captivity and exile at the hands of Babylonian forces was traumatizing (Psalm 137). Their ability to return to Jerusalem and rebuild was initially euphoric (Psalm 126). And the reconstruction process was frustrated by disappointing acts of resistance and subsequent delays (Ezra 4; Nehemiah 4-6).
- Pedagogical consideration of Old Testament prophecy and the life and ministry of Jesus Christ: Previous chapters have addressed Howard Thurman's (1976) observations of Jesus as the incarnate "God of the oppressed." To that, we could add the emotionally rich experiences and states of mind associated with Jesus' ministry as prophesied by Isaiah: Rejection, sorrow, grief, disrespect, wounds and oppression (Isaiah 53). And yet Jesus is chosen and completed his assignment. Exploring the richness of these experiences, emotions and messianic coping processes may open the minds and hearts of parishioners to the realities of mental health concerns and the importance of mental health care.

Efforts to prepare the congregation-community for the praxis of pastoral referrals to mental health resources may also be assisted by lessons in biblical anthropology. The intentional contingency of this recommendation is due to mindfulness that Christian theologians have three distinct interpretations with regards to the composition or nature of human personhood: monism, dualism and trichotomism. Monists observe no distinction between body and soul (Beck & Demarest, 2005). Dualists distinguish the physical and spiritual components of personhood (Beck &

Demarest, 2005). Trichotomists observe distinctions between the human body, soul and spirit (Beck & Demarest, 2005). Each pastor would need to contextualize anthropological lessons according to his or her personal, congregational or denominational convictions. But the author of this writing has found a trichotomist perspective based upon scriptures like I Thessalonians 5:23 and Hebrews 4:12 most helpful in conveying to parishioners the role distinctions of helping professionals and how their combined efforts facilitate holistic health. Simply stated (in the order specified in I Thessalonians 5:23): Pastoral care, though concerned and biblically charged with oversight of the whole person, specializes in nurturing the God-consciousness, ultimate concerns or spiritual issues of personhood. The mental health professional is skilled and professionally trained to specialize in things concerning the mind, will, emotions or soul. And the physician is skilled and trained to address physical conditions. And while as people of faith, we can believe that there are times when God graciously uses the pastor to facilitate healing for the soul/mind or body via biblical counseling, prayers or exorcism, we can also believe that God is equally capable of using the other professional agents of healing in their given areas of specialization. From this trichotomist pedagogy, it can then be argued that the African American community has historically availed itself to the care of the pastor and physician. The next step towards improved holistic health is to make room for those who specialize in caring for the human psyche.

Many churches use seasonal events or annual days such as Advent, Christmas, Lent, Easter, Pentecost and congregation-specific anniversaries and revivals to inform, inspire and pattern the life of the church body (Foster, 1994). From this, it can be noted that such events provide great reminders to some and raise the consciousness of others about various experiences and issues that are dear to the vision and mission of the church. For example, a church anniversary celebration may serve to remind some church members and inform others concerning significant historical

facts and founding personalities in the life of the church they attend. The author of this work is aware of a number of churches that recognize Mother's Day, Father's Day, Children's Day, Women's Health Month, Men's Health Month and other special observations. During such times, is also not uncommon for pastors to preach occasion specific sermons. To this list of liturgical year observations, we would recommend adding Mental Health Emphasis Month, a set time of educating and inspiring the church body in the areas of awareness and wellness. During such times, it may also be appropriate and helpful for the pastor to invite representatives from partnering mental agencies for brief introductions or joint presentations to the worshipping congregation. Finally, it is recommended that the church's performing and visual arts be included via coordinated dramatic skits, songs, sacred dances and audio-visual presentations based upon biblical themes and psychological states like "peace of mind," or loving God with all of our hearts and minds (Mark 12:30; Matthew 22:37). The creative arts can serve as a powerful pedagogical medium (McElroy, 2015). As N.T. Wright (2006) has observed, one of the greatest powers of the arts is their ability to serve as "highways into the center of a reality which cannot be glimpsed, much less grasped any other way" (p.235). It can be said that Wright's observation compels us to consider the humbling yet plausible scenario in which a relatively brief but moving experience with a gifted and well-prepared visual or performing artist effectively conveys a message that did not connect via the laudable and comparatively lengthier eruditions of the therapist or theologian.

Phase two is engagement. Engagement can be thought of as the applied praxis of that which was theorized and expounded upon in an explanatory fashion during the preparation phase. Foster (1994) describes this stage as one in which those being educated actually enter into events and experiences that provide opportunities for their imaginations, relationships and lives to reflect the application of the principles and values they were taught. Succinctly stated, the engagement state

is the stage in which parishioners engage the pastoral care and therapy referral processes. In the cases of Amanda and Craig and Lisa, the partnership engagement phase began when their respective pastors recognized the complexities of issues they each presented and referred them to the author of this work as a third party. It should also be noted that the engagement process experienced by Amanda and Craig and Lisa was an engagement process in which both pastors, in their roles as shepherd and spiritual parent made referrals based upon the trust established via their preexisting relationship with the one to whom their parishioners were being referred. Indeed it can be said that pastoral comfort and confidence in the minimal spiritual risk incurred by referral is essential to the holistic success of the engagement phase. After all, the engagement of this author as the referred party (standing in proxy for the role of the therapist) was short-term in relation to both pastors who would see their parishioners more frequently and for a longer period of time.

Phase three is mutually critical reflection. For Foster (1994), education comes full-circle when those engaged in the education process are able to openly reflect on the meanings drawn from their engagement experience. Similarly, the author of this work would recommend that the pastor have feedback opportunities and protocols in place for all parties involved. Notwithstanding the requisite considerations and observations due to professional confidentialities, some measure of evaluative exercise is essential to the task of maximizing and sustaining an authentically beneficial, substantive and culturally transformative partnership between the urban, underprivileged African American and mental health communities. A few recommended ways in which critical reflection can occur are as follows:

- **Pastor-Therapist Reflections**: In conjunction with the recommendation for an annual day in recognition of mental health concerns, pastors and therapists can prepare and present a combined report on the effectiveness of their partnership. Effectiveness would be

measured in statistical terms. The number of persons referred, the percentage of referral follow-through by parishioners or community residents and the results of general satisfaction surveys are among recommended data for reporting. Any procedural adjustments or improvements can also be reported. Such an endeavor would at least necessitate an annual assessment meeting between pastor and therapist.

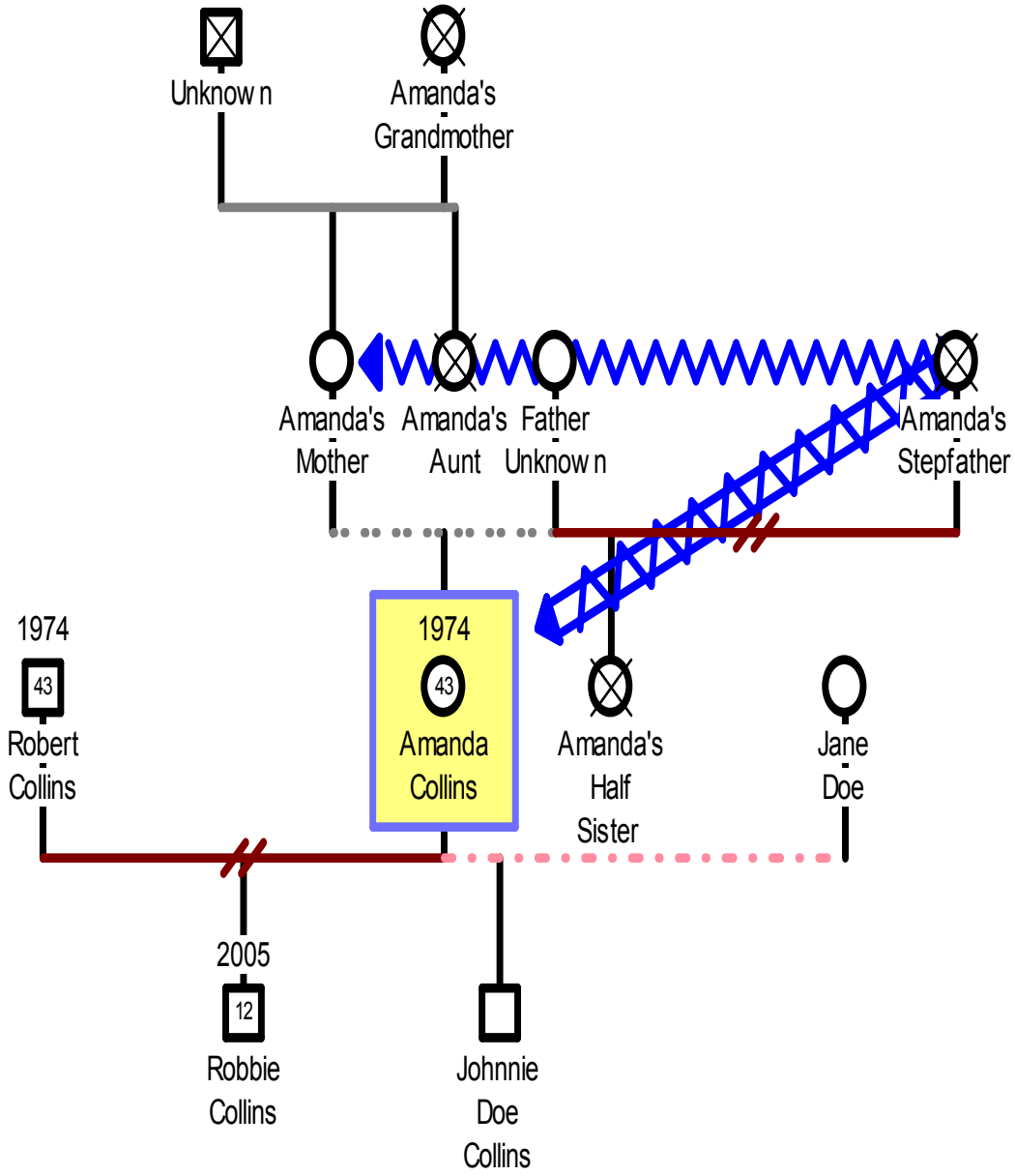
- **Pastoral Care Sessions**: The beginning of a parishioner's relationship with a therapist is not the automatic termination of relationship with that parishioner's pastor. Again, the pastoral role is theoretically or potentially a life-long relationship. It is possible for a pastor to have a role in the life of a parishioner from infancy through childhood to adulthood, marriage and death. Moreover, we have already made the point that spirituality and connection with the local church are core characteristics of African American culture and community. It is therefore recommended that pastors continue to meet with parishioners in their vital role as spiritual caregivers. Ideally, pastors will see the progress of partnership in the lives of those they serve over time.
- **Testimonials**: Testimonies possess educational and transformative qualities. In Acts 17:2-7, the testimony of the apostle Paul and those with him was found responsible for turning the world upside down. While they were specifically speaking of conversions to Christianity, it can also be said that they were speaking of a cultural paradigm shift facilitated by accounts from those who had personally experienced transformation. Based upon the success of the early church, we would recommend that the same principle be applied to the congregation regarding mental health awareness and effective partnerships with pastors and therapists. To occasionally hear testimonies of success from fellow persons and families within the church or community may be of great help in building trust

and interaction between the historically estranged institutions of mental health and African American spirituality.

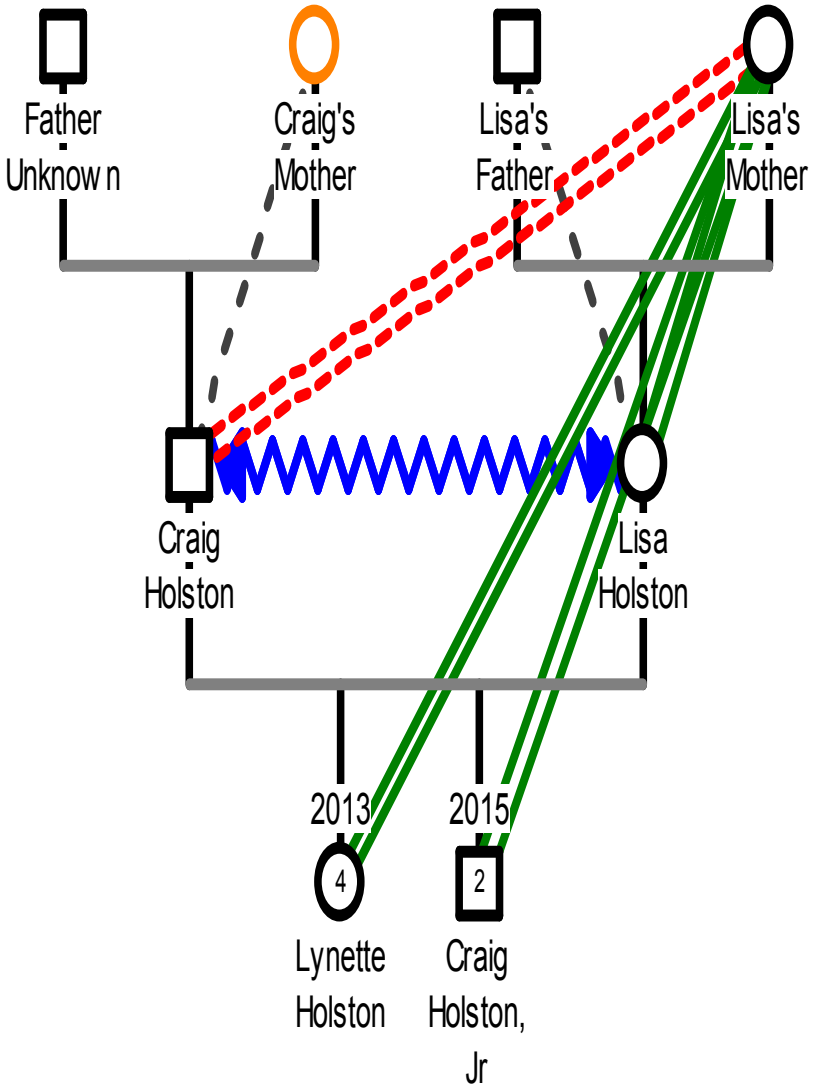
5.04 Conclusion. In conclusion, let us consider the following summarization: The challenges faced by Amanda and Lisa and Craig were not just issues of the spirit. They were issues of the mind: insecure parental attachments, substance abuse and anxieties facilitated by peripheral fathers/father-figures, exposure to violence, financial issues and health challenges. And in as much as their issues are disproportionately experienced by urban, underprivileged African American communities, there are also socio-economic issues associated with historical and residual racism and symptoms of racial trauma that yet perpetuate a culture of poverty. The pastor serving in such contexts is compelled by environmental setting, and in the African American clerical tradition, by theological training to serve with heightened sensitivity to the social issues and injustices through which spiritual adversities tend to present themselves in the lives of parishioners (Ephesians 6:12-13). To ignore or repress such glaring truths is tantamount to pastoral negligence. In contrast, the assault upon mental health experienced by parishioners oppressed by such difficult realities can be beyond the limits of pastoral training and time restraints. The pastor seeking to maximize pastoral care must therefore act as a connector, using the trust gained within the community to bridge the chasm of institutional mistrust that has estranged the African American and mental health communities. At the same time, the mental health professional, though well-equipped to address the mental health aspects of referred parishioners, must be sensitive to inefficiency of professionalism alone; for professionalism without caring is artificial community (McKnight, 1995). The community-oriented approach required to obtain the trust of these challenged communities and families necessitates sensitivity not only towards the socio-economic and systemic concerns that oppress them, but also towards the spirituality that sustains their hope. The

minister and mental health professional are under-prepared to unilaterally or solely provide maximum care. Working in concert is the best hope for holistic health and wellness.

APPENDIX A: AMANDA'S GENOGRAM



APPENDIX B: CRAIG AND LISA'S GENOGRAM



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VITA

Full Name: Carter Guy Robinson

Date and Place of Birth: Janyary 5, 1967, Baltimore, Maryland

Education: Doctor of Ministry, Master of Divinity, Bachelor in Music

Years of D.Min. Work: 2013-present

Expected Graduation: May, 2018